

Zoning No: _____
Z.B.A. No: _____

Z.B.A. Fee: _____
Date Received: _____

EVELINE TOWNSHIP ZONING BOARD OF APPEALS APPLICATION

ALL APPLICATION FEES ARE NON-REFUNDABLE
MAKE CHECKS PAYABLE TO EVELINE TOWNSHIP

PROPERTY TAX ID NO: _____ ZONED DISTRICT _____

PROJECT ADDRESS / LOCATION: _____

THIS APPLICATION SHALL INCLUDE ALL OF THE INFORMATION SPECIFIED ON THE FOLLOWING PAGES

Property Owner's Mailing Address:

**Authorized Agent Mailing Address:
(Written authorization required)**

Name _____
Street _____
City-State-Zip _____
Phone _____
Alt Phone _____

Name _____
Street _____
City-State-Zip _____
Phones _____
License No _____

AFFIDAVIT:

I hereby acknowledge and agree that the statements made above are true, and if found not to be true, I understand that this application and any zoning approvals granted and/or permit issued will be void. Further, I agree to comply with all conditions and regulations imposed with any zoning approvals granted and/or permits issued in connection with this application.

I hereby give permission for Eveline Township officials to enter the property related to this zoning application for the purposes of inspecting the property related to this zoning application, to ensure compliance with the Township Zoning Ordinance, and/or any conditions and regulations imposed in connection with any approvals granted and/or permits issued as a result of this application.

I hereby agree to comply with the provisions of the Zoning Ordinance of the Township of Eveline in the installation, construction, alteration, addition, or demolition herein, and if not the applicant, I hereby certify that the proposed work is authorized by the property owner, and that I have been empowered by the owner to complete and submit this application as his/her selected agent.

Owner or Authorized Agent Signature

Date

FOR OFFICE USE ONLY

ZONING ADMINISTRATOR:

DATE:

SUBMITTED: DATE:

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Information to be included with an application for variance

The Applicant shall submit five (5) copies of the following information to the Zoning Administrator.

1. Please provide a complete description of the requested improvement and specify the Reason(s) a variance is needed:

2. If deemed necessary by the Zoning Administrator or chairperson of the Zoning Board of Appeals, please provide a survey of the lot detailing that portion of the property Involved in the requested variance. If no survey is deemed necessary, please check the following blank: _____

3. Please provide copies of any permits or other correspondence from outside agencies required in connection with the requested improvement. If no such permits are necessary, please check the following blank: _____

4. Answers to the following questions. (NOTE: It is not sufficient to answer the questions “yes” or “no”. You must provide specific reasons to support your answers. Please attach additional sheets, if necessary, to provide detailed answers.)

A. Is the need for the requested variance due to unique circumstances or physical Conditions of the property involved, such as narrowness, shallowness, shape, Water, or topography and not due to the applicant’s personal or economic hardship?

B. Is the need for the requested variance the result of actions of the property owner or previous property owners (self-created)?

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C. Will strict compliance with the zoning ordinance regulations governing area, setback, frontage, height, bulk, density or other dimensional requirements unreasonably prevent the property owner from using the property for a permitted purpose, or will strict compliance with those regulations render conformity with the purpose and intent of the zoning ordinance and those regulations unnecessarily burdensome?

D. Would granting the requested variance do substantial justice to the applicant as well as to other property owners in the district, or would granting a lesser variance than requested give substantial relief to the property owner, while being more consistent with the purpose and intent of this ordinance and providing justice to other property owners?

E. Would granting the requested variance cause an adverse impact on surrounding Property, property values, or the use and enjoyment of property in the neighborhood or zoning district?
