

TINICUM TOWNSHIP ZONING HEARING BOARD APPLICATION		ZHB Appeal #:
Fee:	Check#	Date:
Escrow:	Check #	Date:
Part 1: PROPERTY INFORMATION		
Tax Parcel #(s) 44-		Acres:
Property Address:		
Zoning District:	Easement: (Y/N)	Flood Zone: (Y/N)
Present Land Use:		
Proposed Land Use:		
Part 2: CONTACT INFORMATION		
Property Owner(s)	Name(s)	
	Address	
	Contact Phone#	Email
Applicant	Name	
	Address	
	Contact Phone#	Email
	If applicant is not the property owner, state applicant's authority to submit this application:	
	_____ I, the applicant, am not represented by an attorney in connection with this application.	
	I, the applicant, am represented by _____, Esquire in connection with this application.	
Attorney	Name	
	Address	
	Contact Phone#	Email
Part 3: REQUEST		
<input type="checkbox"/> Requests a Variance from the Zoning Ordinance (See Part 4A) <input type="checkbox"/> Appeals the Determination of the Zoning Officer (See Part 4B) <input type="checkbox"/> Challenges the Validity of a Zoning Ordinance or Map (See Part 4C) <input type="checkbox"/> Requests a Special Exception as provided by the Zoning Ordinance (See Part 4D) <input type="checkbox"/> Other unified appeal as defined in Sec. 913.1 of the PA Municipalities Planning Codes (See Part 4E)		
Request Summary (State briefly the reason(s) for the request.) <hr/> <hr/> <hr/> <hr/>		

Part 4: INFORMATION REQUIRED FOR REQUEST

4A) If requesting a Variance

Cite the section(s) of the Tinicum Township Zoning Ordinance relevant to your appeal. Describe in detail the reasons both in law and in fact for the granting of the variance, the nature of the unique circumstances, and the specific hardship justifying your request for approval. *(Attach a separate sheet of paper if needed.)*

4B) If Appealing a Determination of the Zoning Officer *(Attach a separate sheet of paper if needed.)*

Attach a copy of any written order issued by the Zoning Officer in connection with this matter.

Date action was taken: _____

Describe the action taken: _____

The foregoing action was in error because:

4C) If challenging the validity of a Zoning Ordinance or Map:

Provide the provisions of the ordinance or map which you believe to be invalid and the basis for the challenge.

4D) If requesting a Special Exception:

Cite the section(s) of the Tinicum Township Zoning Ordinance relevant to your request. Describe in detail the grounds for the appeal, or reasons both in law and in fact for the granting of special exception, describing in detail the nature of the unique circumstances justifying your request. *(Attach a separate sheet of paper if needed.)*

4E) If requesting another unified appeal as defined in Sec. 913.1 of the PA Municipalities Planning Codes:

Cite the section(s) of the Tinicum Township Zoning Ordinance relevant to our appeal. Describe in detail the grounds for the appeal, or reasons both in law and in fact, and the nature of the unique circumstances justifying your request for approval. *(Attach a separate sheet of paper if needed.)*

Part 5: COMPLETE APPLICATION PACKAGE SUBMISSION CHECKLIST

- ☐ Necessary fees and escrow as per the current Township Fee Schedule. Check made out to "Tinicum Township."
- ☐ 21 Completed application forms, fully executed with all necessary signatures.
- ☐ 21 Copies of plot plan(s) drawn to scale with all sheets sealed and folded for placement in a file, showing ALL buildings and other improvements, setback requirements and showing existing man-made features within 500 feet of the property.
- ☐ 21 Copies of present Deed.
- ☐ 21 Copies of the List of names and street addresses of all property owners within 500 feet of the property in question including all adjoining property owners, as well as those located across any adjoining street.
- ☐ 1 Electronic copy of application package submission on a new USB flash drive.

Part 6: GENERAL PROVISIONS / ACKNOWLEDGEMENTS

I/we understand and acknowledge that:

1. No application shall be accepted unless the plans have been prepared by a Registered Engineer, Surveyor, or Landscape Architect and all required fees and escrow deposit amounts have been paid to the Township.
2. The 60-day review period does not begin until applications are accepted *as complete* by Tinicum Township.
3. I/We and my/our successor(s) in this application agree to reimburse Tinicum Township for such fees and expenses that may be incurred with respect to this application (includes, but is not limited to filing fees, hearing costs) to the extent that the costs exceed the filing fee.
4. I/We represent that, to the best of my/our knowledge, all of the foregoing statements are true, correct and complete.

Signature of Property Owner of Record

Date

Signature of Property Co-Owner of Record

Date

Surveyor/Engineer/Landscape Architect

Date

Part 6: AFFIDAVIT

By filing this application, applicant agrees to reimburse the Township for all expenses incurred by it and by reason of the application over the sums deposited with the Township.

Tax Parcel #(s) 44-

Property Address:

COMMONWEALTH OF PENNSYLVANIA :
: SS
COUNTY OF BUCKS. :

The undersigned, being duly sworn according to law, deposes and says that he/she is the above-named applicant, that he/she is authorized to and does take this affidavit on behalf of the owner, and that the foregoing facts are true and correct.

Applicant Signature

Date

Applicant Print Name

Sworn to and Subscribed before me this day of , 20

Notary Public

GIS INSTRUCTIONS TO DETERMINE PARCEL BUFFER

Go to www.buckscounty.org

- Click on maps & data
- Click on "Parcel & Floodplain Viewer" on bottom menu bar (click on "Explore")
- Click "ok" on pop-up after reading disclaimer
- Click on 3rd icon (magnifying glass) top right on navy tool bar
- Click on "Search by Parcel Number" & type in Parcel Number (44-xxx-xxx) then click "Apply" (zeros and dashes are needed when entering parcel number)
- Click on the word 'Search' again
- Click on the back arrow under "Search"
- Click on Search by Parcel Buffer
- Click on icon that looks like a lightning bolt (polyline)
- Type in "500" under "apply a search distance" and "feet"
- Measurement field should say "feet"

Draw boundaries around parcel (hover around parcel, left click on corner of parcel & draw lines from corner to corner, at end double click

- The map turns blue after double clicking at end
- Click on "apply"
- This list tells how many parcels are in the buffer distance you are searching
- Use the "expand all" option if needed to switch between list view and parcel information view
- Next to 'select by parcel number query result drop down box' are feature actions, 3 dots (. . .), click on dots
- Select "view in attribute table" (looks like a calculator)
- Under the GIS map, attribute table appears
- Use the pull tab arrows to enlarge the attribute table for easier reading
- View and save list
- To save the worksheet: click on "Options dropdown" and select **Export all to CSV**
- Click on 'ok' on dialog box that pops up; it will produce an excel spreadsheet with a list of the parcel numbers, etc. You may have to click on the download (spreadsheet) that was created on bottom left-hand corner.
- You may have to expand the columns on the excel spreadsheet to see the full information.
- You can then print out the worksheet.

Please note not all columns may be needed and you can delete them from your worksheet before printing.

The address information is the **site location** and may or may not be the mailing address of the property owner.

You can click on the link under the Parcel Information column to connect you to the Board of Assessment data records for that parcel.

The first hearing before the Zoning Hearing Board shall be commenced within 60 days from the date of receipt and acceptance of the applicant's application, unless the applicant has agreed in writing to an extension of time. Each subsequent hearing before the Zoning Hearing Board shall be held within 45 days of the prior hearing, unless otherwise agreed to by the applicant in writing or on the record.

If a 60-day waiver is required please use the form below:

Part 7: WAIVER OF 60-DAY HEARING REQUIREMENT	
Tax Parcel # (s) 44-	
Property Owner(s):	
Applicant:	
<p>I have been advised and understand that under the Pennsylvania Municipalities Planning Code, the Zoning Hearing Board of Tinicum Township must hold a hearing within sixty (60) days of the date of the receipt and acceptance of the appeal application.</p> <p>I have requested postponement of the scheduling of a hearing upon my application before the Zoning Hearing Board.</p> <p>I hereby waive and surrender my rights to a hearing within sixty (60) days from the date of my application.</p>	
Applicant Signature:	Date:
Printed Name:	Date: