

## ZONING HEARING APPLICATION PROCEDURES

**Questions** regarding any aspect of the Zoning Ordinance may be directed to the Township Zoning Officer at 717-990-8448. You may call the Township Office (717-933-5747) during normal office hours for general Township information or for obtaining copies of the Zoning Ordinance **ONLY. DO NOT CALL THE TOWNSHIP OFFICE FOR SPECIFIC ZONING QUESTIONS. TOWNSHIP SECRETARY WILL NOT ANSWER ANY QUESTIONS REGARDING ZONING.**

**Zoning Hearing Applications** may be obtained by contacting the Township. After completing all applications, deliver the following items:

- **Zoning Hearing Application,**
- **Zoning Permit Application & applicable Fee (listed on application).**
- **check or money order** for the Zoning Hearing Application for \$1,000  
**made payable to Tulpehocken Township**

To: TULPEHOCKEN TOWNSHIP  
PO BOX 272  
REHRERSBURG PA 19550

**The Process** The Township will provide the Zoning Officer with a copy. The Zoning Officer will review the Application and contact the Applicant if any additional information is required. Then the Township will forward the application package to the Zoning Hearing Board Solicitor, who will then schedule the hearing, and will notify the applicant and adjacent property owners of the hearing. The hearing will usually be scheduled within six weeks of receiving the complete application package, and decisions are usually rendered at the hearing, (this may not always be the case, however, depending upon the specific circumstances), with the written decision being issued within 45 days of the final hearing.

**Meeting Schedule** The Zoning Hearing Board will meet at 7 P.M. on the **third Tuesday of the month.** Applications need to be received **three (3) weeks prior to the hearing date.**

<b><u>Meeting Date</u></b>	<b><u>Application Due</u></b>
January 19, 2021	December 29, 2020
February 16, 2021	January 26, 2021
March 16, 2021	February 23, 2021
April 20, 2021	March 30, 2021
May 18, 2021	April 27, 2021
June 15, 2021	May 25, 2021
July 20, 2021	June 29, 2021
August 17, 2021	July 27, 2021
September 21, 2021	August 31, 2021
October 19, 2021	September 28, 2021
November 16, 2021	October 26, 2021
December 21, 2021	November 30, 2021

## REQUIRED MATERIALS CHECKLIST FOR APPEALS

The following documentation is required to file an appeal with the Zoning Hearing Board:

- \_\_\_ I. Five (5) Copies of Site Plan(s) including the following information:
  - a. Scale shall be appropriate but in no case less than 1" = 40" scale.
  - b. The property lines of subject parcel.
  - c. All proposed and existing structures, including pavement areas, and parking design.
  - d. If the project involves new construction, show existing and proposed topography lines.
  - e. Driveway plan.
  
- \_\_\_ II. Parking Plan - showing location and number of spaces. Please note, if this is a commercial facility we also need to know the number of employees on the largest shift.
  
- \_\_\_ III. A general landscaping plan showing the location of existing vegetation, any trees to be removed, and proposed types and locations of new landscaping.
  
- \_\_\_ IV. If requested relief relates to a structure, please provide Floor Plans for all existing and proposed buildings/rooms including dimensions.
  
- \_\_\_ V. Building elevations (side view) for all proposed structures or additions including:
  - a. Show existing and proposed grade levels and label height of building above grade.
  - b. General types of proposed exterior materials.
  
- \_\_\_ VI. Location, size, and type of any proposed signs with appropriate dimensions.
  
- \_\_\_ VII. Plans, photos, perspective views or other materials that illustrate how the proposal satisfies the criteria for the Zoning Hearing Board approval.
  
- \_\_\_ VIII. Copy of deed – in corporate name; Certificate of Good Standing.
  
- \_\_\_ IX. Copy of sales agreement, lease or other documentation exhibiting authorization for submission of application by Applicant.
  
- \_\_\_ X. Copy of Driver's License (for Township Use Only).
  
- \_\_\_ XI. Checks or Money Orders.
  - a. \$\_\_\_\_\_ for a VARIANCE
  - b. \$\_\_\_\_\_ for a SPECIAL EXCEPTION
  - c. \$\_\_\_\_\_ for CONDITIONAL USE
  - d. \$\_\_\_\_\_ for APPEAL of ZONING OFFICER'S DECISION

# TULPEHOCKEN TOWNSHIP

BERKS COUNTY, PENNSYLVANIA

## ZONING APPEAL APPLICATION

Date: \_\_\_\_\_

Do you require a translator? \_\_\_\_\_

APPLICANT NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
TELEPHONE: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

OWNER NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
TELEPHONE: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

ATTORNEY NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_

SITE ADDRESS ADDRESS \_\_\_\_\_  
SUBDIVISION NAME \_\_\_\_\_ LOT # \_\_\_\_\_  
TAX PIN \_\_\_\_\_ LOT SIZE \_\_\_\_\_ acres/sq. ft.  
PRESENT USE \_\_\_\_\_  
PRESENT ZONING DISTRICT/CLASSIFICATION \_\_\_\_\_  
PRESENT IMPROVEMENTS OF LAND \_\_\_\_\_

The Applicant hereby appeals to the Township Zoning Hearing Board for the following purpose(s):

- Special Exception - reference Section(s) \_\_\_\_\_
- Variance - from Section(s) \_\_\_\_\_
- Conditional Use - \_\_\_\_\_
- From the action of Zoning Officer in refusing my application for a Zoning Permit dated \_\_\_\_\_
- Other \_\_\_\_\_

This section to be completed by **ZONING OFFICER** only

\$1,000 Fee Received  Zoning Hearing Application Complete  Zoning Permit Application Complete  
 Application deemed complete date: \_\_\_\_\_ Zoning District \_\_\_\_\_

\*If more space is required to answer any questions on application, please attach a separate sheet and make specific reference to the question being answered.

1. Describe (in detail), the proposed improvement(s) or change(s) at the property under appeal:  
If applicable, include proposed hours of operation, all proposed uses, and number of employees, various working shifts, parking availability or other pertinent information to clearly describe all activities proposed.
  
2. Describe the purpose of this appeal (Proposed Construction or Use and Manner and Degree that this proposal is prohibited by the Zoning Ordinance). Attach five (5) copies of plan of real estate affected, indicating location and size of lot, size of improvements now erected and PROPOSED to be erected thereon, or other change desired, also any other information required by the zoning official.
  
3. If this is an appeal from action of the Zoning Officer, complete the following:  
Date determination made \_\_\_\_\_  
What was the Zoning Officer's Decision? \_\_\_\_\_  
Attach copy of Zoning Officer's Decision.  
Provide reasons you do not agree with the Zoning Officer's decision:
  
4. State the reasons Appellant believes the Zoning Hearing Board should approve desired action (refer to section or sections of Zoning Ordinance under which it is felt that desired action may be allowed, and note whether hardship is (or is not) claimed, and describe in detail the specific hardship):
  
5. Has previous appeal or appeals been filed in connection with these premises? If yes, when? If a prior appeal or appeals was filed, attach a copy of any prior Zoning Decision to this Application.

6. Cite specific sections of the Zoning Ordinance from which relief is requested.
  
  
  
  
  
  
  
  
  
  
7. If Applicant is the Owner please attach a copy of the Deed by which the Owner obtained ownership of the subject property.
  
  
  
  
  
  
  
  
  
  
8. If the Applicant is not the Owner in addition to Deed exhibiting ownership by Owner listed above, please attach copy of sales agreement, lease or other documentation evidencing authorization to submission of application.
  
  
  
  
  
  
  
  
  
  
9. List any additional information you believe would assist the Zoning Hearing Board in making a decision about your property including any easements, land preservation, floodplains, steep slopes, wetlands, etc.

List below all other parties in interest (tenant, mortgagee, attorney, etc.) who should be notified of this hearing, including, the owners' names and addresses of all adjacent properties:

NAME: \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
\_\_\_\_\_

NAME: \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
\_\_\_\_\_

NAME: \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
\_\_\_\_\_

NAME: \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
\_\_\_\_\_

NAME: \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
\_\_\_\_\_

NAME: \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
\_\_\_\_\_

NAME: \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
\_\_\_\_\_

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I hereby affirm that I am, or have been authorized by, the owner of record to make this application as his or her authorized agent and that we agree to conform to all applicable portions of the Tulpehocken Township Zoning Ordinance, as amended and all other applicable laws, and that the information contained in this Application is true and accurate.

\_\_\_\_\_  
*Signature of APPLICANT*

\_\_\_\_\_  
*Date*

December 4, 2020