

LITTLE BRITAIN TOWNSHIP
ZONING HEARING APPLICATION

Date: _____

Zoning District: _____

This application is for:

- _____ Interpretation of Zoning Ordinance
- _____ A Special Exception
- _____ A Variance
- _____ Appeal Zoning Officer Decision

Owner's Full Name: _____ Telephone #: _____

Address: _____

Applicant's Full Name: _____ Telephone #: _____

Address: _____

Location of Property: _____

Property Account Number: _____ Size of Property: _____

Has this property been involved in a previous zoning hearing?: _____

If yes, give details: _____

What is applicant's interest in property affected?: _____

Describe the situation in question including the section numbers you require relief from: _____

Signature of Applicant

Signature of Property Owner
(If different than applicant)