

ZH BOARD USE ONLY:

Date Received _____

No. _____ of _____

Date of 1st Hearing _____

**THORNBURY TOWNSHIP, CHESTER COUNTY
ZONING HEARING BOARD APPLICATION**

APPLICANT _____

APPLICANT'S ADDRESS _____

APPLICANT'S TELEPHONE _____

ADDRESS OF PROPERTY INVOLVED _____

LEGAL OWNER (Owner and Address) _____

EQUITABLE OWNER _____

LESSEE (if any) _____

THIS APPLICATION IS:

- _____ (1) An application for a Special Exception pursuant to the terms of Section _____ of the Zoning Ordinances; or
- _____ (2) An appeal from the decision of the Zoning Officer or Board of Supervisors; or
- _____ (3) A request for a Variance from the terms of Section(s) _____ of the Zoning Ordinances.

Brief description of the property, including size, location, improvements, present use, and zoning classifications:

Zoning Hearing Board Application

Description of proposed use, improvements and relief requested:

Reasons why Zoning Hearing Board should grant request:

Other information which the Zoning Hearing Board should have to properly decide the case:

This Application must be accompanied by a check or money order in the amount of \$_____ (See fee schedule for amount due with application). Please make check payable to “Thornbury Township, Chester County”. Send Application and check to:

Thornbury Township, Chester County
800 East Street Rd
West Chester, PA 19382

Name of Applicant(s)

Signature(s) of Applicant(s)