LANCASTER COUNTY BOARD OF ZONING APPEALS
APPLICATION FORM #1

GENERAL INFORMATION

Date Filed: _____Application No: _____

This form must be completed on a hearing on ***appeal from action*** of the Zoning Official, application for a ***variance,*** or application for a ***special exception.*** Entries must be printed or typed. If the application is on behalf of the property owner(s), all owners must sign. If the applicant is not an owner, the owner(s) must sign the Designation of Agent.

THE APPLICANT HEREBY APPEALS (indicate one):

( ) From action of Zoning Officials as stated on Form 2

( ) For a variance as stated on Form 3

( ) For a special exception as stated on Form 4

Applicant(s) Print:

Name: _____Address: _____

Telephone: _____Work: _____

Interest: _____ Owner(s): _____

Other: _____

Owner(s) If other than applicant: _____

Address: _____Telephone: _____

Work: _____ Other Information: _____

PROPERTY INFORMATION

Property address: _____

Lot Area/Acres: _____ Block:_____ Subdivision: _____

Tax Map #: _____Plat Book: _____ Page: _____

Lot Size or Dimension: _____ Zoning Classification: _____

Use of Surrounding Properties: _____

_____

Designation Agent (complete only if owner is not applicant)
I (we) hereby appoint the person(s) named as applicant(s) as my (our) agent to represent me (us) in this application.

Date: _____ _____

_____
Owner(s) Signature(s)

I (we) the undersigned hereby state and understand that while this application will be carefully reviewed and considered, all burden of proof rests within the applicant subject to application request. All incorrect or falsified information or documentation will cause application to be null and void.

I (we) certify that the information in this application and all other forms are true to content.

Date: _____ Applicant Signature(s) _____