



Springfield Township – Bucks County, Pennsylvania

www.springfieldbucks.org • info@springfieldbucks.org • 610-346-6700 ext. 10

ZONING HEARING BOARD APPLICATION

GENERAL INSTRUCTIONS

1. All information requested on the application must be furnished with supporting documents.
2. Applicant ***must be present*** at the hearing; otherwise, the petition will be dismissed unless postponed by the Zoning Hearing Board upon cause shown or upon their motion.
3. At all hearings, proof of title to the property affected must be available to the Zoning Hearing Board whether the applicant’s interest be as owner, tenant, purchaser or in any other capacity.
4. The application must include **one (1) digital plan** and **thirteen (13) physical plot plans** of the real estate affected, indicating the location and size of the improvements now erected and/or proposed to be erected thereon.
5. The Zoning Hearing Board has the following powers:
 - To hear and decide appeals from a decision or determination of any administrative official in the enforcement of the Zoning Ordinance and its amendments thereto. Such appeals must be made within thirty (30) days after the date of the decision. A copy of the appeal petition must be served on the official which service must be at least five (5) days prior to the hearing.
 - To hear and decide Special Exceptions to the terms of the Zoning Ordinance and amendments thereto, as specifically set forth and permitted by the ordinance(s).
 - To authorize, upon appeal, in specific cases, such variance from the terms of the Zoning Ordinance and amendments thereto, as will not be contrary to the public interest where, owing to special conditions, a literal enforcement of the Zoning Ordinance will result in unnecessary hardship, and so that the Ordinance will be observed and substantial justice done. The burden of proof of the “unnecessary hardship” as defined by the courts shall rest upon the applicant. The circumstance must be unique and applicable to the applicant’s particular property and no other. The possibility of applicant’s earning a greater financial return if a variance were granted does not in itself constitute sufficient reason for such a variance.
6. All meetings of the Zoning Hearing Board shall be open to the public.
7. No decision by the Zoning Hearing Board shall relieve any applicant from the responsibility of obtaining any required permits in the manner prescribed by the Zoning Ordinance(s).

ZONING HEARING BOARD FEES (PER RESOLUTION 2020-13)

The filing fee for an appeal to the Zoning Hearing Board from an order, requirement, decision or determination of the administrative officer, for all requests to the Zoning Hearing Board for a variance of special exception shall be in accordance with the following schedule:

VARIANCE, SPECIAL EXCEPTION, OR APPEAL	1 ST HEARING FEE	2 ND HEARING FEE
ALL A USES	\$ 550.00	\$ 400.00
B1, B2, B4, B5, B6, B7, B8, B11b, B14, B16 USES	\$ 800.00	\$ 400.00
B11a, B15, H1, H2, H3, H4, H5, H7, H8, H9 H10, H11, H12, H13, H14, H15 USES	\$ 550.00	\$ 400.00
C, D, E, F, G, H6 USES	\$ 800.00	\$ 400.00
Signs for A & H Uses	\$ 550.00	\$ 400.00
Signs for all other Uses	\$ 800.00	\$ 400.00
Procedural Appeals	\$ 800.00	\$ 400.00
CHALLENGING THE VALIDITY OF THE ZONING ORDINANCE OR MAP (MUST INCLUDE NINETEEN (19) COPIES OF THE DRAFT OF THE PROPOSED AMENDMENT, PLANS, AND/OR OTHER DOCUMENTS)	\$ 10,000.00 FILING FEE	



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ALL APPLICATIONS MUST INCLUDE **THIRTEEN (13) PLOT PLANS** OF THE REAL ESTATE AFFECTED, INDICATING THE LOCATION AND SIZE OF THE IMPROVEMENTS NOW ERECTED AND/OR PROPOSED TO BE ERECTED THEREON. **ONE (1) DIGITAL SET** OF PLANS IS ALSO REQUIRED. APPLICATIONS WILL **NOT** BE REVIEWED UNTIL PLANS, FEES, AND NOTARIZED FORMS ARE COLLECTED BY SPRINGFIELD TOWNSHIP ZONING DEPARTMENT.

1. APPLICATION TYPE

BRIEFLY DESCRIBE NATURE OF REQUEST:

THE UNDERSIGNED HEREBY (select all that may apply):

- APPEALS THE ACTION OF THE ZONING OFFICER REQUESTS A SPECIAL EXCEPTION
- REQUESTS A VARIANCE CHALLENGES THE VALIDITY OF THE ZONING ORDINANCE OR MAP
- OTHER (PLEASE EXPLAIN):

2. PROPERTY / SITE INFORMATION (PLOT PLAN MUST BE INCLUDED)

SITE LOCATION: _____ TAX MAP PARCEL #: **42** - _____

CITY: _____ STATE: PA ZIP: _____ RESIDENTIAL COMMERCIAL

PLEASE LIST ADDITIONAL PARCELS INVOLVED (IF ANY):

3. ZONING DISTRICT

- WATERSHED AGRICULTURE RESOURCE PROTECTION RURAL RESIDENTIAL DEVELOPMENT
- VILLAGE COMMERCIAL VILLAGE RESIDENTIAL HIGHWAY COMMERCIAL PLANNED INDUSTRIAL
- SCENIC OVERLAY HISTORICAL RESOURCE SOURCEWATER/WELLHEAD PROTECTION

4. PLEASE DESCRIBE RELEVANT SITE CONDITIONS OR EASEMENTS ON THE PROPERTY:

5. CURRENT & PROPOSED USE(S)

DESCRIBE THE PRESENT USE(S) OF THE PROPERTY: _____ DESCRIBE PROPOSED IMPROVEMENTS / CHANGES OF USE: _____

6. CONTACT INFORMATION

PROPERTY OWNER NAME(S): _____ PHONE: _____

MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____ MAY WE EMAIL YOU REGARDING THIS APPLICATION? YES NO

APPLICANT (IF NOT OWNER): _____ PHONE: _____

MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____ MAY WE EMAIL YOU REGARDING THIS APPLICATION? YES NO

IF APPLICANT IS **NOT** THE OWNER, STATE APPLICANT’S AUTHORITY TO TITLE INTEREST (DOCUMENTATION MUST BE INCLUDED WITH APPLICATION):

7. COMPLETE THIS SECTION IF YOU ARE APPEALING THE ACTION OF THE ZONING OFFICER

A. Zoning Decision:

B. Date of Determination:

C. The foregoing action was in error because:

8. COMPLETE THIS SECTION IF YOU ARE CHALLENGING THE VALIDITY OF THE ZONING ORDINANCE OR MAP

A. The Ordinance or Map states:

B. The Ordinance or Map is invalid because:

C. This challenge is ripe for decision because:

9. COMPLETE THIS SECTION IF YOU ARE REQUESTING A SPECIAL EXCEPTION

A. Nature of Special Exception Sought:

B. Special Exception is allowed under **Article:** **Section:** **Subsection:** of the Springfield Township Zoning Ordinance. *(If more than one is requested, list ordinance references on a separate page.)*

C. Reason for Special Exception Request:

10. COMPLETE THIS SECTION IF YOU ARE REQUESTING A VARIANCE

A. Nature of Variance Sought:

B. Variance is allowed under **Article:** **Section:** **Subsection:** of the Springfield Township Zoning Ordinance. *(If more than one is requested, list ordinance references on a separate page.)*

C. The nature of the unique circumstance and the unnecessary hardship justifying the request for variance is:

APPLICANT CERTIFICATION

COMMONWEALTH OF PENNSYLVANIA :

COUNTY OF :

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.

Signature of Applicant:

Printed Name of Applicant:

Sworn and subscribed to me this _____ day of _____, 20_____.

Signature of Notary Public:

Printed Name of Notary Public:

Notary Seal:

TOWNSHIP USE ONLY

PLAN RECEIVED DATE:

ENGINEER REVIEW DATE:

DIGITAL SUBMISSION RECEIVED: YES NO

ESTIMATED P.C. ACCEPTANCE DATE:

PLAN REVIEW FEE: \$

CHECK NO.

ESCROW: \$

CHECK NO.