

**LIBERTY TOWNSHIP, ADAMS COUNTY, PA**

39 Topper Road, Fairfield, PA 17320

Office: (717) 642-3780 Fax: (717) 642-5307

**APPLICATION FOR VARIANCE, SPECIAL EXCEPTION, CONDITIONAL USE, APPEAL OR CHALLENGE**

**TYPE OF HEARING REQUESTED**

\_\_\_\_\_ VARIANCE \_\_\_\_\_ CONDITIONAL USE  
\_\_\_\_\_ SPECIAL EXCEPTION \_\_\_\_\_ APPEAL OF ZONING OFFICERS DECISION  
\_\_\_\_\_ CHALLENGE TO THE VALIDITY OF THE ZONING ORDINANCE OR MAP

**APPLICANT INFORMATION** Is owner applicant \_\_\_\_\_ YES \_\_\_\_\_ NO

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

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

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**OWNER INFORMATION** (N/A if owner is applicant)

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

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

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**PROPERTY INFORMATION**

OWNER NAME: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

PARCEL #: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**PROPERTY IN QUESTION:** Describe: list names of roads, physical location and acreage or parcel size

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CURRENT USE OF PROPERTY:** Describe in detail the current use of the property and all structures on the property.  
(example: single family dwelling, unimproved land)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Attach a drawing showing all existing buildings, their uses, and dimensions.**

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**PRESENT ZONING CLASSIFICATION AND BRIEF DESCRIPTION OF REQUEST:** Describe In detail the zoning approval request. List the section of the Zoning Ordinance along with details such as the types of changes, additions, or modifications of the land use proposed include on the attached current use drawing the locations, dimensions, new uses, and all changes proposed). Attach addition sheets as necessary.

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**SURROUNDING LAND OWNERS:** Provide names and addresses of all surrounding land owners (Attach addition sheets as necessary).

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**CERTIFICATION BY APPLICANT**

Please consider the above request to schedule a hearing before the zoning hearing board or a conditional use request before the Liberty Township Board of Supervisors. I understand and agree to pay the any and all application fees for each additional hearing payable to Liberty Township. I understand that if the application is not complete or the application payment is not made, the application will not be accepted. I certify that all the above information and the information contained in any attachments to this application is true to the best of my knowledge and belief.

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**PRINT NAME**

<b>TO BE COMPLETED BY TOWNSHIP</b>		
<b>AMT OF DEPOSIT RECEIVED:</b> _____	<b>CHECK #</b> _____	<b>DATE RECEIVED:</b> _____
<b>DATE OF HEARING:</b> _____		