

**MODENA BOROUGH
ZONING HEARING BOARD APPLICATION**

APPLICATION / DEVELOPMENT NAME: _____

DATE OF APPLICATION: _____

APPLICATION # _____

LOCATION OF PROPERTY: _____

TAX PARCEL NUMBER: _____

ZONING DISTRICT: _____

TYPE OF APPLICATION:

- _____ VARIANCE APPLICATION
- _____ SPECIAL EXCEPTION APPLICATION
- _____ ZONING OFFICER APPEAL
- _____ PLANNED RESIDENTIAL DISTRICT
(see attached for PRD)

- _____ CONDITIONAL USE APPLICATION
- _____ LANGUAGE OR TEXT REVISION
- _____ REZONING APPLICATION
- _____ ZONING MAP REVISION
- _____ LAND USE REVISION
- _____ OTHER

APPLICANT'S NAME: _____
MAILING ADDRESS: _____
PHONE NUMBER: _____ FAX NUMBER: _____
E-MAIL ADDRESS: _____

OWNER OF RECORD: _____
MAILING ADDRESS: _____
PHONE NUMBER: _____ FAX NUMBER: _____
E-MAIL ADDRESS: _____

PROJECT ATTORNEY: _____
MAILING ADDRESS: _____
PHONE NUMBER: _____ FAX NUMBER: _____
E-MAIL ADDRESS: _____

PROJECT ENGINEER: _____
MAILING ADDRESS: _____
PHONE NUMBER: _____ FAX NUMBER: _____
E-MAIL ADDRESS: _____

BASIS FOR ZONING VARIANCE ANDOR SPECIAL EXCEPTION APPLICATION	
SECTION(s) OF ZONING ORDINANCE INVOLVED	PROVIDE A BRIEF DESCRIPTION OF ACTION REQUESTED

THE APPLICANT SHALL SUBMIT THE FOLLOWING DOCUMENTATION WITH THIS APPLICATION:

- (1) A DETAILED WRITTEN DESCRIPTION OF THE ACTION REQUESTED BY THIS APPLICATION;
- (2) TEN (10) COPIES OF A PLOT PLAN OR TAX MAP, ACCURATELY DRAWN TO SCALE;
- (3) TEN (10) COPIES OF A SKETCH PLAN ILLUSTRATING THE ACTION REQUESTED;
- (4) PHOTOGRAPHS OF THE PROPERTY;
- (5) PROOF OF OWNERSHIP OR THE RIGHT TO UTILIZE THE PROPERTY FOR THE ACTION REQUESTED;
- (6) LIST OF NAMES AND ADDRESSES OF ALL ADJOINING PROPERTY OWNERS;
- (7) LIST OF NAMES AND ADDRESSES OF ALL PROPERTY OWNERS WITHIN 500 FEET OF THE LOT;
- (8) THE REQUIRED APPLICATION FEE AS PRESCRIBED BY MODENA BOROUGH

THE APPLICANT SHALL ANSWER THE FOLLOWING QUESTIONS WITH A YES, NO OR N/A RESPONSE. THE APPLICANT IS STRONGLY ADVISED TO REVIEW THE MODENA BOROUGH CODE AND CONFER WITH THEIR PROFESSIONAL CONSULTANTS OR REPRESENTATIVES PRIOR TO ANSWERING EACH QUESTION.

HAS THE APPLICANT REVIEWED THE PROVISIONS REGARDING SPECIAL EXCEPTIONS AS SPECIFIED UNDER SECTIONS 402-403 OF THE MODENA BOROUGH CODE? _____

HAS THE APPLICANT REVIEWED THE PROVISIONS REGARDING ZONING VARIANCES AS SPECIFIED UNDER SECTION 403 A.2 OF THE MODENA BOROUGH CODE? _____

HAS THERE BEEN ANY SPECIAL ZONING RELIEF GRANTED FOR THIS SITE IN THE PAST? _____

WILL THE ZONING RELIEF REQUESTED BY THIS APPLICATION ADVERSELY AFFECT THE PUBLIC HEALTH, SAFETY AND/OR GENERAL WELFARE OF THE COMMUNITY? _____

WILL THE ZONING RELIEF REQUESTED BY THIS APPLICATION IMPAIR THE FUTURE USE OF LAND FOR ANY ADJOINING PROPERTY OWNERS? _____

I _____ (AUTHORIZED REPRESENTATIVE OF THE APPLICANT)
HEREBY REQUEST REVIEW OF THIS APPLICATION BY MODENA BOROUGH. TO THE BEST OF MY
KNOWLEDGE, ALL OF THE INFORMATION CONTAINED WITHIN THIS APPLICATION IS TRUE, CORRECT
AND COMPLETE.

- (1) I HEREBY PERMIT ANY ELECTED, APPOINTED AND/OR ASSIGNED STAFF MEMBER OF MODENA
BOROUGH TO ENTER THE EXTERIOR PREMISES OF THE PROPERTY, IN WHICH THIS
APPLICATION PERTAINS, FOR THE PURPOSES OF CONDUCTING SITE INSPECTIONS WHILE THE
PROPOSED APPLICATION IS BEING CONSIDERED BY MODENA BOROUGH.
- (2) I HEREBY AGREE TO PAY ALL CONSULTANT, ADMINISTRATIVE AND/OR APPLICATION FEES
REQUIRED FOR THE REVIEW OF THIS APPLICATIONS.
- (3) I HEREBY UNDERSTAND THAT THE ZONING HEARING BOARD IS NOT OBLIGATED TO APPROVE
THIS APPLICATION.

SIGNATURE OF AUTHORIZED REPRESENTATIVE

DATE OF APPLICATIONS

SIGNATURE OF WITNESS

DATE

FOR MUNICIPAL USE ONLY

AUTHORIZED STAFF MEMBER: _____

APPLICATION NAME: _____ APPLICATION # _____

SUBMISSION DATE: _____ SUBMISSION # _____

MODENA BOROUGH FEE: _____ CHECK # _____ DATE: _____

CHESTER COUNTY PC FEE: _____ OTHER APPLICATIONS FEES: _____

DATE APPL WILL BE CONSIDERED BY MODENA BOROUGH ZONING HEARING BOARD: _____

APPLICATION COMPLETENESS REVIEW: _____ DATE: _____