



# BOROUGH OF HATFIELD

401 South Main Street Hatfield, PA 19440  
(Phone) 215-855-0781 Ext. 107 (Email) [code@hatfieldborough.com](mailto:code@hatfieldborough.com)

## ZONING HEARING BOARD APPLICATION

### ALL NEW SUBMISSIONS SHALL INCLUDE:

- 12 Copies of Application
- 12 Copies of Plan
- 12 Copy of Deed for all subject Properties
- 1 Electronic Copy of all documents provided

ALL SUBMISSIONS MUST BE MADE TO HATFIELD BOROUGH CODES DEPARTMENT. NO PLANS AT ANY TIME OF THE PROCESS WILL BE ACCEPTED WITHOUT FIRST BEING SUBMITTED IN THIS MANNER.

DATE RECEIVED: \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_

ZHB MTG DATE: \_\_\_\_\_

FEES PAID: \_\_\_\_\_

### PROPERTY LOCATION:

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

TAX PARCEL ID: \_\_\_\_\_

BLOCK: \_\_\_\_\_ UNIT: \_\_\_\_\_

### OWNER:

NAME (AS ON DEED): \_\_\_\_\_

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

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

### APPLICANT:

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

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

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

### APPLICANT'S ATTORNEY:

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

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

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



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**CLASSIFICATION OF APPEAL: (check all that apply)**

- Request for Variance from Section(s) \_\_\_\_\_
- Request for Special Exception from Section(s) \_\_\_\_\_
- Appeal from the Zoning Officer's letter dated \_\_\_\_\_
- Challenge to the validity of ordinance or map \_\_\_\_\_

**PROPOSED USE:** \_\_\_\_\_

**CURRENT USE:** \_\_\_\_\_

**SIZE OF LOT:** \_\_\_\_\_ **# OF LOTS/UNITS:** \_\_\_\_\_

**ZONING DISTRICT:** \_\_\_\_\_

**VARIANCE: State the specific hardship claimed and reason why variance should be granted**

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**SPECIAL EXCEPTION: State the specific legal grounds why the applicant is entitled to the special exception**

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**PAST ZONING RELIEF: State any other Zoning Hearings for this property? If what dates and relief granted**

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I hereby certify that the proposed application and subsequent actions or uses are authorized by the owner. As the owner or authorized representative, I agree to comply with all rules, regulations of Hatfield Borough and agree to be responsible for the payment of all engineering and legal fees associated with this application. I further authorize representatives of Hatfield Borough to enter the subject property in order to verify existing conditions I have examined this application, its requirements and to my knowledge and belief, it is a true, correct and complete application

\_\_\_\_\_  
**Owner of Record**

\_\_\_\_\_  
**Owner Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Applicant Name**

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

**Relation to Owner:** \_\_\_\_\_



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## ZONING HEARING BOARD APPLICATION

### Waiver

To: Hatfield Borough Planning & Zoning Officer  
Hatfield Borough Manager  
Hatfield Borough Zoning Hearing Board

RE: Zoning Hearing Board

Address: \_\_\_\_\_

I/We hereby waive the provision that the hearing before the Zoning Hearing Board of Hatfield Borough to be held within 60 days of filing the application as required by the Pennsylvania Municipalities Planning Code.

_____	_____	_____
<b>Owner of Record</b>	<b>Owner Signature</b>	<b>Date</b>

_____	_____	_____
<b>Applicant Name</b>	<b>Applicant Signature</b>	<b>Date</b>

Relation to Owner: \_\_\_\_\_

### Waiver

To: Hatfield Borough Planning & Zoning Officer  
Hatfield Borough Manager  
Hatfield Borough Zoning Hearing Board

RE: Zoning Hearing Board

Address: \_\_\_\_\_

I/We hereby waive the provisions of the Hatfield Borough Zoning Hearing Board or the Zoning Hearing Solicitor, shall render a written decision, or when no decision is called for, make written findings on the application within 45 days after the last hearing before the Board or Zoning Hearing Solicitor as required by the Pennsylvania Municipalities Planning Code.

_____	_____	_____
<b>Owner of Record</b>	<b>Owner Signature</b>	<b>Date</b>

_____	_____	_____
<b>Applicant Name</b>	<b>Applicant Signature</b>	<b>Date</b>

Relation to Owner: \_\_\_\_\_