

Salisbury Township Zoning Hearing Board



5581 Old Philadelphia Pike ♦ Gap, PA 17527
Phone 717-768-8059 ♦ Fax 717-768-3660

Date of Application Receipt: _____

Account # _____

I/We _____ desire an appeal to the Salisbury Township Zoning Hearing Board in accordance with Section 604.

1. Name of appellant: _____ Phone Number: _____

2. Address of the appellant.: _____

3. The name and address of the owner of the property to be affected by such proposed exception or variance.

4. A brief description and location of property to be affected by such proposed change.

5. Present Zoning Classification of the property in question: _____

6. Existing Improvements on property: _____

7. Present use of property: _____

8. A statement of this ordinance under which the variance or exception requested may be allowed and reasons why it should be granted. _____

I/We _____ also desire a public hearing in accordance with Section 604 and shall bring along to the hearing any proof in accordance with Section 604 (i.e.: Persons, Written Testimonials, Surveyors Charts, Personal Sketches, Photographs, Etc.).

Fee received \$ _____. Date Fee Received: _____

Signature of applicant _____ Date: _____

Use Reverse Side to Sketch the property, location of existing and any proposed improvements.

PROPERTY SKETCH PLAN

Please show locations of existing structures and proposed structures. Include dimensions of all structures and buildings as well as distances from the property lines.