

WILMINGTON TOWNSHIP

669 Wilson Mill Road
New Castle, PA 16105

Phone: 724-946-2560 Fax: 724-946-3185 Email: wilmingtontwp@comcast.net

ZONING APPLICATION

This application is for (Please check ONE):

Appeal from the Determination of the Zoning Officer

Variance

Special Exception

Conditional Use

Applicant's Name: _____

Street Address: _____

City & Zip Code: _____

Phone: _____ Cell Phone: _____

Property Owner's Name: _____

Street Address: _____

City & Zip Code: _____

Phone: _____ Cell Phone: _____

Property Location (Address): _____

Lot Size: _____ Zoning District: _____

Present use of the property: _____

Present improvements upon the property: _____

Date of Zoning Officer's Determination (if applicable): _____

Please provide the specific provisions of the Zoning Ordinance which is/are involved and set forth the interpretation that is claimed, the use for which the special permit is sought, or the details of the variance that is applied for, as well as, the grounds upon which it is claimed such variances should be granted (Please be specific):

Description of the proposed improvements and/or construction upon the property (please include the size of such proposed improvements, material and general construction): _____

Please attach additional pages if needed.

I (we) certify that the information provided is true and correct to the best of my (our) knowledge.

Signature/Owner

Date

Signature/Owner

Date

***For an application for Variance or Special Exception, the applicant is required to attach the deed for the property in question as well as a plot plan of the property in question, indicating the location and size of the lot and size of improvements now erected or proposed to be erected thereon.**

**** For an Application for Conditional Use, the applicant is required to attach any and all documentation required under the Wilmington Township Zoning Ordinance.**

FOR TOWNSHIP USE ONLY:

Date Received: _____

Application Fee Paid: _____