$400 Residential Filing Fee
$600 Non-Residential Filing Fee *Received _____ (date)* *By: _____*

BOROUGH OF BRYN ATHYN

Application to the Zoning Hearing Board

(Please print or type)

1. Application for: ____ Variance
   ____ Special Exception
   ____ Interpretation

2. Name and Address of Applicant: _____
   Telephone:_____ _____

3. Tax Parcel No. _____Block _____Unit _____

4. Name and Address of Property Owner: _____
   Telephone: _____ _____

5. Description and Address of Property affected by proposed change:
   _____

6. Present Zoning Classification of Property: _____

7. Present Use of Property: _____
   _____

8. Proposed Use of Property: _____
   _____

9. Applicable Zoning Ordinance Section(s):_____

10. Reasons Application should be granted: _____
    _____

11. Description of improvements and/or use: General construction thereof:
    _____
    _____

12. Attach plot plan of property, indicating size of lot and location and size of improvements thereon.

13. The undersigned do(es) hereby make application to the Zoning Hearing Board as indicated and testify that the information contained herein is true and correct.

SIGNED: _____ Date: _____