

APPLICATION/APPEAL TO THE ZONING HEARING BOARD

**WEST CONSHOHOCKEN BOROUGH  
112 FORD STREET  
WEST CONSHOHOCKEN, PA 19428**

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

(1) Applicant/Appellant's Name and Address: \_\_\_\_\_

PHONE NO: \_\_\_\_\_

(2) Owner's Name and Address: \_\_\_\_\_

PHONE NO: \_\_\_\_\_

(3) Lessee's Name and Address: (If Applicable) \_\_\_\_\_  
(Lessee must present authorization to present application)

(4) Location of Premises: \_\_\_\_\_

(5) Dimensions of Lot: \_\_\_\_\_

(6) Present Zoning Classification of Premises: \_\_\_\_\_

(7) The improvements thereon are: \_\_\_\_\_

and the present use of the land and/or building is \_\_\_\_\_

(8) If this is an application for a SPECIAL EXCEPTION check here [ ] and state the specific sections of the WEST CONSHOHOCKEN BOROUGH ZONING ORDINANCE upon which the applicant relies:

(9) If this is an appeal from a decision of the BUILDING INSPECTOR/ZONING OFFICER seeking a VARIANCE from the terms of the WEST CONSHOHOCKEN BOROUGH ZONING ORDINANCE check here [ ] and state the specific sections of the ORDINANCE as to which the VARIANCE is being sought:

(10) The (SPECIAL EXCEPTION) (VARIANCE) requested is as follows: \_\_\_\_\_

(11) Describe what is proposed of real estate in question:

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(12) There must be attached hereto a plot plan, accurately drawn to scale, of the real estate in question, indicating the location and dimensions of the tract and improvements erected thereon as well as those proposed to be erected. **ALL PLANS MUST BE FOLDED OR THE APPLICATION WILL NOT BE ACCEPTED.**

(13) There must be paid herewith as established by Borough Council a nonrefundable filing fee. PLEASE MAKE CHECK PAYABLE TO WEST CONSHOHOCKEN BOROUGH.

STATE OF PENNSYLVANIA:  
SS  
COUNTY OF MONTGOMERY:

\_\_\_\_\_, being duly sworn/affirmed according to law, deposes and says that he is the applicant above named and that the facts set forth in the foregoing application/appeal and all documents or exhibits submitted therewith, are true and correct to the best of his knowledge, information and belief.

APPLICANT/APPELLANT: \_\_\_\_\_

SWORN :  
AFFIRMED AND SUBSCRIBED TO :  
BEFORE ME THIS DAY OF :

\_\_\_\_\_  
(OWNER'S SIGNATURE - IF APPLICABLE)

**SPECIAL INSTRUCTIONS**

FOR ALL APPLICATIONS - ORIGINAL AND NINE (9) COPIES OF THE APPLICATION AND ALL SUPPORTING PAPERS SHALL BE FILED WITH THE ZONING OFFICER, WEST CONSHOHOCKEN BOROUGH, 112 FORD STREET, WEST CONSHOHOCKEN, PA 19428. ONLY THE ORIGINAL APPLICATION/APPEAL NEED BE VERIFIED BY AFFIDAVIT.

**IMPORTANT NOTICE**

YOUR APPLICATION WILL BE SCHEDULED FOR A HEARING AT THE NEXT REGULARLY SCHEDULED MEETING OF THE WEST CONSHOHOCKEN BOROUGH ZONING HEARING BOARD. YOU MUST BE PREPARED TO PRESENT YOUR ENTIRE CASE AT THIS MEETING. ANY APPLICATION FOR CONTINUANCE OF THE HEARING MUST BE IN WRITING, AND YOU MUST GIVE THE REASONS FOR THE REQUEST.