



Mailing Address

**P.O. Box 277
Dauphin, PA 17018**

Phone: 717-921-8128

Office Address

**10 Elizabeth Avenue
Dauphin PA, 17018**

Fax: 717-474-8146

Middle Paxton Township

**MIDDLE PAXTON TOWNSHIP, DAUPHIN COUNTY
APPLICATION FOR SPECIAL EXCEPTION**

Please use blue or black ink to complete this form

Date: _____ **Case No:** _____

Name of Applicant(s): _____

Address of Applicant(s): _____

Telephone Number and Email Address (if available) of Applicant(s):

Address of Property Subject to Application:

PARCEL # _____ Zoning District _____

Identify your relationship to the Property: _____

- If **owner**, attach a copy of your deed to this Application.
- If **tenant**, attach a copy of your lease to this Application.
- If **buyer** under an Agreement of Sale, attach a copy of the complete Agreement.
- Attach copies of any permits you have received from the Township concerning the property or any photos or other documents you intend to present at the Hearing.

Will Applicant be represented by an attorney? _____. If yes, please provide the attorney's name and address: _____

1. Explain the purpose of your request and cite the section of the Zoning Ordinance under which you seek a Special Exception. (Please attach additional sheets of paper if you require additional space.)

2. Explain how your request satisfies the requirements of Section 1403 of the Zoning Ordinance governing General Standards for Special Exceptions. (Please attach additional sheets of paper if you require additional space.)

3. Explain how your request satisfies the requirements of the specific section of the Zoning Ordinance under which you seek Special Exception. (Please attach additional sheets of paper if you require additional space.)

4. As applicable, provide the information required by Section 1404.B. of the Zoning Ordinance. (Please attach additional sheets of paper if you require additional space.)

5. Submit a **site plan** which complies with the requirements of Section 1402 of the Zoning Ordinance. Once submitted, the site plan will become part of the official record for the Special Exception (all materials become the property of Middle Paxton Township and are retained with this application).

6. Identify all persons who will testify in support of your Application:

Name: _____
Address: _____

Name: _____
Address: _____

APPLICANT

By: _____

Print Name: _____

Date: _____

Please Note: Under the Municipalities Planning Code, the Zoning Hearing Board has the power to issue subpoenas to compel the attendance of witnesses and the production of relevant documents and papers. Please provide the Board with all requested documents a minimum of **48 hours** prior to the scheduled Hearing so that the Board has no need to issue subpoenas. **The Zoning Officer reserves the right to reject the application should Applicant fail to provide the information requested.**

(Official Use Only)

Date Received: _____ Check Number: _____ Site Visit Date: _____

Hearing Publication Date: _____ Newspaper: _____

Notices Posted: _____

Hearing Date: _____ Time: _____ Place: _____