



**Southampton Township Cumberland County
Variance/Special Exception Application**

Reason for Application Submittal:

- Variance Request
 Special Exception Request
 Appeal from Zoning Officer Determination
 A Challenge to the Validity of the Zoning Ordinance

Applicant Information		
Name: _____		
Address: _____		
City: _____	State: _____	Zip: _____
Phone: _____	Email: _____	
The interest of Applicant, if not owner (agent, lessee, etc.): _____ _____		
Owner Information		
Name: _____		
Address: _____		
City: _____	State: _____	Zip: _____
Phone: _____	Email: _____	
1. Brief Description of Real Estate Affected:		
Parcel #(s): _____		
Address: _____		
Lot Size: _____	Deed Recorded at Cumberland County Recorders in Deed Book No: _____	Pg No.: _____
Present Zoning Classification: _____	Present Use: _____	
Present Improvements on Land: _____		
2. Specific Sections(s) of the Zoning Ordinance upon which this application is based:		

3. Describe the Proposed Use of Property
4. Briefly State Why the Applicant Believes the Zoning Hearing Board Should Grant the Application:
5. Answer the Following Questions and Provide a Date of Previous Application (if known):
Has a previous Variance/Special Exception Application been filed for this Property? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has a previous Zoning Hearing Board Application been filed for this Property? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has a previous Subdivision or Land Development Application been filed for this Property? <input type="checkbox"/> Yes <input type="checkbox"/> No

In addition to this application, documentation must be submitted that is sufficient to demonstrate that the Applicant complies with the specific and general criteria applicable to the Variance / Special Exception.

Variance/Special Exception Application Fee **\$550.00**

My signature authorizes permission to post this property. I certify that the information provided on this application and supporting documentation and plans are true and correct to the best of my knowledge, information, and belief.

APPLICANT SIGNATURE: _____

PRINT NAME: _____

ZONING OFFICER USE ONLY	
Application #:	
Date Received:	
Fee Paid: \$	Date Paid: