



APPLICATION FOR VARIANCE HEARING BENNER TOWNSHIP ZONING HEARING BOARD

Application Fee: **\$600 nonrefundable**

A. Complete Name, Address, Phone Number and Email

Applicant Name: _____ Owner of Land: _____

Applicant's address: _____

Phone Number: _____ Email: _____

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent.

Applicant's Signature: _____ Date: _____

B. Type of Request

_____ Appeal from Action of Zoning Officer _____ Variance

_____ Other: _____

C. Brief Description of Request:

D. Property Information: (attach a copy of deed. You can obtain a copy from the Courthouse).

Tax Parcel Number: _____ Present Zoning: _____

Property Location: _____ Date Purchased: _____

Present Use: _____ Proposed Use: _____

Lot Size (Sq. Ft): _____ Lot Width: _____ Lot Depth: _____

Utilities: _____ Public Water _____ Private Well _____ Public Sewer _____ Private Sewer



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E. Names and Addresses of Adjoining Property Owners:

Please list any names and addresses of property owners, as well as their tax parcel number, for every property that **TOUCHES** the parcel in question. If you do not have this information, please refer to the Centre County Tax Assessment Office to obtain it.

1. _____

2. _____

3. _____

4. _____

Request for Variance:

1. The applicant believes that the variance should be granted because: He is unable to make reasonable use of the properties current state for the following reasons:

2. The proposed variance will not alter the essential character of the neighborhood for the following reason(s):

3. The proposed variance is in accord with the purposes and intent of the Zoning Ordinance for the following reason(s):



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F. Certification by Applicant:

Waiver of Stenographic Record

I agree to waive the requirements of Section 908 (7) of the Penna. Municipalities Planning Code which requires that a Stenographic record of the proceeding be made, and consent that a record of the proceeding be prepared from a tape recording of the hearing and the recording secretary's minutes.

Signature: _____ Date: _____

I Hereby certify that all of the above statements and the statements contained in any papers or plans submitted herewith are true to the best of my knowledge and belief.

Signature: _____ Date: _____

****Please remit \$600.00 with this application to cover the cost of the hearing. All monies remaining after expenses have been incurred will automatically be returned to you be the address listed on this application.**



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Procedure For Variance Request

