



LONGSWAMP TOWNSHIP

BERKS COUNTY
MERTZTOWN, PENNSYLVANIA 19539-0037

1112 STATE STREET

P.O. BOX 37

OFFICE HOURS DAILY - MONDAY THRU FRIDAY 9:00 A.M. TO 4:00 P.M. - - - PHONE 610-682-7388
FAX 610-682-9067

ZONING HEARING BOARD VALIDITY CHALLENGE

Date: _____

Date Received: _____

Appeal is hereby made to challenge the validity of the decision of the Board of Supervisors.

Applicant Name/Address/Telephone: _____

Holder of Legal Title to Land (Record Owner): _____

Equitable Owner (Buyer Under Agreement of Sale; etc.): _____

Appellant's Attorney (if any): _____

Interest of Appellant, if not the Record Owner: _____

1. Brief Description of Real Estate Affected:

Property Identification Number: _____

Deed Book Volume: _____; Page: _____; Lot Size: _____

Present Zoning Classification: _____

Present Use: _____

Present Improvements Upon Land: _____

2. Describe purpose of this appeal (proposed construction or use, manner, and degree that this proposal is prohibited by the Zoning Ordinance):

3. If this is an appeal from the action of the Board of Supervisors, complete the following:

Date Determination Made: _____

Your statement of alleged error of Board of Supervisors (if error is alleged):

4. Reasons Appellant believes Zoning Hearing Board should approve desired action. (Refer to sections of Zoning Ordinance, which apply. Note whether hardship is or is not claimed, and the specific hardship.):

5. Has a previous appeal been filed in connection with this premises? Yes / No

6. If your answer is yes, provide pertinent data connected with the previous appeal.

7. Cite specific sections of the Zoning Ordinance from which relief is requested.

NOTE: Attach two (2) copies of plan of real estate affected, indicating location and size of lot, size of improvements now erected, and proposed to be erected thereon, or other change desired. Include any other information pertinent to the appeal.

If additional space is required, attach a separate sheet and make specific reference to the question being answered thereon. In question No. 4, include reasons for the appeal, with respect to law and fact for granting the appeal, special exception, or variance. Specifications of errors must state separately the Appellant's objections to the actions of the Board of Supervisors, with respect to each question of law and fact, which is sought to be reviewed.

8. Provide a list of names and addresses of all adjoining property owners and all property owners and/or residents within 500 feet of each property line of the location of Appellant's property. FAILURE TO PROVIDE THIS INFORMATION WILL RESULT IN THIS APPEAL'S REJECTION FOR PROCESSING.

9. Provide a list of any other parties in interest (tenant; mortgagor; etc.), who should be notified of the hearing on this appeal, if any.

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

Date: _____

Appellant

Appellant

All appeals must be filed with the: Secretary of Longswamp Township, 1112 State Street, Mertztown, PA 19539.

A deposit in the amount of \$5,000.00 must accompany appeal, when filed. Check or money order should be made payable to "Longswamp Township". In the event that the appeal costs would exceed the amount of the deposit, the applicants will be billed for such excess costs. No continued hearing will be held, and no decision will be given until the Longswamp Township has been paid for all costs, or arrangements satisfactory to Longswamp Township have been made for payment of all costs.

Longswamp Township Office Hours: Monday-Friday
(9:00 a.m.-4:00 p.m.)

Phone: (610) 682-7388

Fax: (610) 682-9067