



1000 Gradyville Road  
PO Box 267  
Gradyville, Pennsylvania 19039  
610-459-1662 phone 610-459-3760 fax

**APPLICATION TO ZONING HEARING BOARD**  
**REQUEST FOR RELIEF FROM THE ZONING HEARING BOARD**

1. **State Location of Property Involved:**

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2. **State Name, Address, & Phone Number of Petitioners** (*All owners & petitioners are to sign*):

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3. **State Interest of Each Petitioner in Property** (*i.e. owner or purchaser under Agreement of Sale, etc*):

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4. **State Date of Deed:**

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5. **Deed Book & Page Number:**

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6. **Present Zoning of Property:**

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7. **State Action Taken or Proposed by the Applicant** (*Give date if applicable*):

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8. **State Action Taken by the Township** (*include date, & name & title of the acting official if applicable*):

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9. **The Undersigned Requests the Zoning Hearing Board to** (*Check ONE*):

- Grant a Special Exception       Grant a Variance       Other (*Please explain*)

10. **State Details of the Relief Requested** (*Cite specific section of Zoning Ordinance*):

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11. **State Reasons Why Applicant is Entitled to Such Relief:**

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12. **An Application Fee in the Amount of \$ \_\_\_\_\_ is Enclosed.**

13. **The Undersigned Request the Zoning Hearing Board Hold a Hearing on This Applicant for Relief** (*Signatures of all owners & petitioners*):

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**COUNTY OF DELAWARE**

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**COMMONWEALTH OF PENNSYLVANIA**

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The undersigned, being duly sworn according to law, depose and say that they are the Petitioners names in the foregoing Application and that the facts set forth in said Application are true and correct to the best of their knowledge, information and belief.

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Sworn to and subscribed before me this \_\_\_\_\_  
day of \_\_\_\_\_, \_\_\_\_\_

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\_\_\_\_\_  
Notary Public