

BOROUGH OF WAYNESBORO VARIANCE/SPECIAL EXCEPTION APPLICATION

Challenge to the Validity of the Zoning Ordinance Applicant Information Name: Address: City: Phone: Email: Interest of Applicant, if not owner (agent, lessee, etc.):	Zip:
Address: City: State: Phone: Email: Interest of Applicant, if not owner (agent, lessee, etc.):	Zip:
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Phone:Email: Interest of Applicant, if not owner (agent, lessee, etc.):	
nterest of Applicant, if not owner (agent, lessee, etc.):	
Owner Information	
fame:	
Address:	
City:State:	
Phone:Email:	
	on .
Attorney for Applicant Information	yn
Name:	
Address:	
City: State:	
Phone:Email:	
. Brief Description of Real Estate Affected:	
Parcel #(s):	Block No.
Address:	
ot Size:Deed Recorded at Franklin Cty Recorders in De	ed Book No.:Page No.:
Present Zoning Classification:Present Use:	
Present Improvements on Land:	
2. Specific Section(s) of the Zoning Ordinance upon which this Application is b	pased:

3. Describe the Proposed Use of Property		
4. Briefly State Why the Applicant Believes the Zoning Hearing Board Should Grant the Application:		
NOTE: The applicant or its representative(s) should provide testimony at the Planning Commission meeting(s) at which this		
application is discussed and at the required Zoning Hearing Board Public Hearing(s) for this application, addressing the criteria (specific and general) for the variance / special exception as set forth in the Zoning Ordinance.		
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5 America de Fallacia - Occationa and Bracida a Data of Bracina Amelication (26 landons).		
5. Answer the Following Questions and Provide a Date of Previous Application (if known):		
	Yes	
Has a previous Zoning Hearing Board Application been filed for this Property?	Yes	
Has a previous Subdivision or Land Development Application been filed for this Property?	Yes	
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.		
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.		
ZONING OFFICER USE ONLY		
Application #:		
APPLICANT SIGNATURE:		
Date Received:		
Fee Paid: \$Date Paid:/		