



Case No.: \_\_\_\_\_

**Application to the Zoning Hearing Board/Greencastle Borough Council for a Hearing**

(Check One)     Conditional Use Hearing     Zoning Hearing     Zoning Map Amendment

**Instructions:**

- I. Please complete all questions in ink and in a legible form (print or type.)
- II. Submit the completed application to the Borough of Greencastle zoning Officer or Administrative Staff.
- III. All applications must be accompanied by five (5) plot plans or floor plans before the application will be accepted.
- IV. All applications must be paid in full upon filing of the applications.
- V. A separate application must be submitted for each property and/or plot.
- VI. Please refer to the Pennsylvania Municipalities Planning Code, the Borough of Greencastle Ordinance, and the Rules of Procedure and By-Laws of the Borough of Greencastle Zoning Hearing Board prior to submitting any application. The above-mentioned materials will be available for inspection at the Borough of Greencastle during regularly scheduled business hours and on line at [www.greencastlepa.gov](http://www.greencastlepa.gov). Copies will be provided at cost. THE DOCUMENTS HEREIN REFERRED TO SHALL GOVERN THIS APPLICATION AND ARE CONSIDERED OT BE ADDITIONAL INSTRUCITONS HERETO.

Applicant Name: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Applicant Phone Number: \_\_\_\_\_

Please state your interest in the subject property (owner, developer, agent, etc.):  
\_\_\_\_\_  
\_\_\_\_\_

Name, address and telephone number of Applicant's Attorney/Representative (if applicable):  
\_\_\_\_\_  
\_\_\_\_\_

Location of property and/or structure to which Application relates, including, among other information, the street address, deed reference, and zoning district (if known).  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name, address and telephone number of all owners of any interest in the property and/or structure other than persons listed in Question One (1) above. (For each person listed, please define their respective interest):

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Grounds for Application (please check all boxes that apply):

- Variance     Special Exception Request     Conditional Use  
 Appeal from Decision of Zoning Officer     Challenge to Validity of Zoning Ordinance

- a) If box A, B or C above is checked, please cite the section of the Borough of Greencastle Zoning Ordinance upon which the application is based and briefly state the relief sought and state facts or reasons in support of the grant of the application.
- b) If box D above is checked, please explain the action of the Zoning Officer which is being appealed, the justification and/or grounds for appeal, and the section of the Zoning Ordinance which was allegedly violated.
- c) If box E above is checked, please list off matters which are at issue and the grounds for the challenge. In addition, please attached the plans or other materials describing the use or development permitted by the challenged ordinance or map and attach the proper certification as required by Section 1004 of *The Pennsylvania Municipalities Planning Code*, as amended.

Describe the current use of this subject property.

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Describe the proposed use of the subject property.

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If a Unified Appeal is accompanying this Application, briefly describe the subject matter:

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I/We \_\_\_\_\_, verify that the statements made in the Application are true and correct. I understand that false statements herein are subject to the penalties of 18 PA C.S. Section 4904 relating to un-sworn falsification to authorities. I further understand and acknowledge that the documents referred to in Seciton VI of the Instruciton to the Application are considered additional instrucitons hereto.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

*(For official use by the Zoning Officer or Borough Secretary)*

Date Application Received: \_\_\_\_\_

Is Application accompanied by plot plan or floor plan:  Yes  No

Has applicant paid all application fees?  Yes  No

Date of Payment: \_\_\_\_\_ \*Amount Paid: \_\_\_\_\_

\_\_\_\_\_  
Signature of Borough Manager

\_\_\_\_\_  
Date