

# **West Nantmeal Township**

## **Zoning Hearing Fees**

A deposit of \$1500.00 is required at the time a Zoning Hearing Application is filed.

The applicant's costs for a Zoning Hearing are as follows:

- Board compensation is \$40.00 per member (3) and \$40.00 for the Zoning Hearing Board Secretary
- All advertising costs
- One half of the stenographer's appearance fee
- Administrative fee of \$400.00

The above charges are deducted from the applicant's \$1500.00 with the balance being returned to the applicant. If costs should exceed the escrow deposit then the applicant will be billed accordingly.

Adopted and effective January 3, 2023.

**ZONING HEARING BOARD – TOWNSHIP OF WEST NANTMEAL**

**NOTICE OF APPEAL**

Date: \_\_\_\_\_, 20\_\_\_\_\_ Appeal No. \_\_\_\_\_

Appeal is hereby made by the undersigned (check applicable item or items):

( ) from the action of the Zoning Office in refusing my application for a zoning permit dated \_\_\_\_\_, 20\_\_\_\_\_.

( ) from the action of the Zoning Officer in refusing my application for certificate of use and occupancy date \_\_\_\_\_, 20\_\_\_\_\_.

( ) for a special exception from the terms of the West Nantmeal Township Zoning Ordinance.

( ) for a variance from the terms of the West Nantmeal Township Zoning Ordinance.

( ) other \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

Telephone: \_\_\_\_\_

Holder of Legal Title to Land (Record Owner):

\_\_\_\_\_  
(Name of Owner(s))

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Telephone)

Equitable Title Holder (Purchaser under Agreement of Sale,  
etc.):

\_\_\_\_\_  
(Name of Equitable Owner)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Telephone)

Appellant's attorney, if any:

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Telephone)

Interest of Appellant if not the Record Owner:

\_\_\_\_\_  
(Agent, Equitable Owner, Lessee, etc.)

1. Brief description of real estate affected:

Location: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Deed Book Reference: Deed Book Volume \_\_\_\_\_, Page \_\_\_\_\_, etc.,  
Chester County Records

Lot size: \_\_\_\_\_

Present Use: \_\_\_\_\_  
\_\_\_\_\_

Present Zoning Classification: \_\_\_\_\_

Present Improvements upon Land: \_\_\_\_\_  
\_\_\_\_\_

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

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3. If this is an appeal from the action of the Zoning Officer, complete the following:

Date determination made: \_\_\_\_\_

Your statement of alleged error of Zoning Officer (if error is alleged):

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4. Reason Appellant believes Zoning Hearing Board should approve desired action (refer to section or sections of Ordinance under which it is felt the desired action may be allowed. Note whether hardship is or is not claimed and the specific hardship): \_\_\_\_\_

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5. Has a previous appeal been filed in connection with these premises?

Yes \_\_\_\_\_ No \_\_\_\_\_

6. If your answer to No. 5 was "yes", give pertinent data connected with previous appeal: \_\_\_\_\_

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

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Note: Attach one copy 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; also any other information pertinent to the appeal.

If more space is needed, attach a separate sheet and make specific reference to the question being answered thereon. In No. 4 above, include the grounds for the appeal, or reasons both with respect to law and fact for granting the appeal or the special exception or variance. Specifications of errors must state separately the Appellant's objections to the actions of the Zoning Officer with respect to each question of law and fact which is sought to be reviewed. If you are requesting a variance, it is necessary that you conform to the requirements of Section 1607 of the Zoning Ordinance, a copy of which is attached.

List below other parties in interest (tenant, mortgagor, etc.) who should be notified of the hearing on this appeal, if any:

Name and address: \_\_\_\_\_  
\_\_\_\_\_

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: \_\_\_\_\_, 20\_\_\_\_.

Witness to Signature (s): \_\_\_\_\_ (Appellant)  
\_\_\_\_\_ (Appellant)  
\_\_\_\_\_ (Appellant)  
\_\_\_\_\_ (Appellant)

All appeals must be filed with the Township Secretary at the West Nantmeal Township municipal building, 455 North Manor Road, P.O. Box 234, Elverson PA 19520. A deposit of \$1500.00 must accompany the appeal when filed. Check or money order should be made payable to "West Nantmeal Township".

In the event the appeal costs exceed the amount of the deposit, the Applicant will be billed for such excess costs.

No continued hearing will be held and no decision will be given until the Township of West Nantmeal has been paid for all costs or arrangements satisfactory to the Township of West Nantmeal have been made for the payment of all costs.