

**FALLS TOWNSHIP BOARD OF ZONING APPEALS
HEARING APPLICATION**

APPLICANT

Name: _____

Company Name: _____

Address: _____

Phone: (____) _____ E-mail: _____

OWNER

Name: _____

Address: _____

Property Address: _____

Lot # _____ Subdivision: _____

REQUEST: VARIANCE ____ CONDITIONAL USE ____ APPEAL ____

Describe: _____

ATTACHMENTS: (X = Required)

_____ Accurate Plat or Survey

_____ Site Plan – include buildings, parking, landscaping, drives, and setbacks with accurate dimensions.

_____ Building Plans including floor plans and elevations

_____ Narrative explaining how the request complies with applicable sections of the code

_____ List of adjoining property owners and interested parties

Signature of applicant: _____ Date: _____

Fee: _____

Received by: _____