

Biglerville Borough Council 33 Musselman Avenue Biglerville, PA 17307

PH: 717-677-9488 / FAX: 717-677-4027

Email: office@biglerville.us / www.biglerville.us

APPLICATION FOR HEARING BEFORE THE BIGLERVILLE BOROUGH ZONING HEARING BOARD

Applicant Name:		
Applicant Address:		
Phone Number:		
Application Fee: \$750.00		
Applicant Signature:	Date:	
Type of Request:		
 Variance:		
Brief Description of Request:		
Property Information:		
Property Location:		
Date Purchased:		
Present Use:		
Proposed Use:		
Proposed Sign Dimensions (if applicable):		
NOTE: Attach survey, Legal Description, Architectural Rendering or Ordinance.	Site Plan, if appropriate or required by Zoning	
If Applicable submit plans along with the application		
Request for Variance(s): Explain how your request conforms to the following requirements.		
 The Applicant believes that a variance should be granted be his or her property for the following reasons: 	cause he or she is unable to make reasonable use of	



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VARIANCE FORM

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2. That there are exceptional circumstances or conditions that apply to the property, or to the intended use or development of the property that do not apply generally to other properties in the same zone or neighborhood:		
3. That, because of the following unique circumstances or conditions, there is no possibility that the property can be developed in strict conformity with the provisions of the Zoning Ordinance:		
OFFICIAL USE ONLY:		
Case Number: of 20		
Fee Paid: Yes No Check#:		
Application Submitted Date:		
Hearing Date & Time:		
Public Notice Published: First Publication: Second Publication:		
Direct Individual Notices: Applicant Planning Committee		
Zoning Officer Adams County Planning Commission		
Tract Posted Date:		
Additional Hearing – If applicable		
Additional Hearing Date & Time:		
Public Notice Published: First Publication: Second Publication:		
Direct Individual Notices: Applicant Planning Committee		
Zoning Officer Adams County Planning Commission		
Fract Posted Date:		
Decision Issued:		
Notification of Decision Mailed (Date):		
Action Taken:		
Comments:		