

HAINES TOWNSHIP, CENTRE COUNTY  
153 SOUTH RACHELS WAY, P.O. BOX 244  
AARONSBURG, PA 16820  
PHONE (814) 349-8193 FAX (814) 349-5630  
WEBSITE: [www.hainestwp.org](http://www.hainestwp.org)  
E-MAIL: [hainestownship@verizon.net](mailto:hainestownship@verizon.net)

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**ZONING HEARING BOARD APPLICATION**

**APPLICANT:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ FAX: \_\_\_\_\_  
E-mail: \_\_\_\_\_

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**PROPERTY LOCATION:**

Tax Parcel Code Number: \_\_\_\_\_  
Street Address (if applicable): \_\_\_\_\_

\*\*\*\*\*  
**PROVISION(S) OF CHAPTER 51, ZONING, BEING APPEALED:**

_____	_____	_____
Number/Article	Section	Sub-Section
_____	_____	_____
Number/Article	Section	Sub-Section
_____	_____	_____
Number/Article	Section	Sub-Section

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**TYPE OF APPEAL:**

- \_\_\_\_\_ 1. Challenge the validity of the Zoning Ordinance
- \_\_\_\_\_ 2. Request a variance from the provisions of the Zoning Ordinance
- \_\_\_\_\_ 3. Appeal any order, requirement decision, or determination by the Zoning Officer

- \_\_\_\_\_ 4. Appeal of the Zoning Officer determination with reference to any floodplain, or flood hazard conditions
- \_\_\_\_\_ 5. Request a variance from the terms of the Zoning Ordinance with reference to floodplain or flood hazard conditions
- \_\_\_\_\_ 6. Appeal of the Zoning Officer determination under Sec. 916.2 of the Pa. Municipalities Planning Code
- \_\_\_\_\_ 7. Appeal of the Zoning Officer determination with reference to erosion and sedimentation control or storm water management

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**PLEASE COMPLETE IF YOU HAVE CHECK ITEM #2 ON THE PREVIOUS PAGE:**

**Under Section 910.2 of the Pennsylvania Municipalities Planning Code and Section 51.16.12 of the Haines Township Zoning Ordinance, no variance shall be granted until the applicant has established, and the Zoning Hearing Board has made, all of the following findings (1 thru 5) where relevant in a given case:**

**( ) 1. Unnecessary hardship due to unique physical circumstance.**

That there are unique physical circumstances or conditions, including irregularity, narrowness, or shallowness of lot size or shape, or exceptional topographical or other physical conditions peculiar to the particular property and that the unnecessary hardship is due to such conditions and not the circumstances or conditions generally created by the provisions of this Ordinance in the neighborhood or district in which the property is located.

**( ) 2. Unique physical circumstances hinder property development.**

That because of such physical circumstances or conditions, there is no possibility that the property can be developed in strict conformity with the provisions of this Ordinance and that the authorization of a variance is therefore necessary to enable the reasonable use of the property.

**( ) 3. Unnecessary hardship not created by Applicant.**

That the unnecessary hardship has not been created by the Applicant.

**( ) 4. Character of the neighborhood will not change.**

That the variance, if authorized, will not alter the essential character of the neighborhood or district in which the property is located, nor substantially or permanently impair the appropriate use or development of adjacent property, nor be detrimental to the public welfare.

**( ) 5. Appeal represents the least modification possible.**

That the variance, if authorized, will represent the minimum variance that will afford relief and will represent the least modification possible of the regulation in issue.

**OTHER REQUIRED INFORMATION:**

1. Applicant **MUST** provide and attach a **NARRATIVE** to this application including information on grounds for the appeal and reasons for both with respect to law and fact for granting the appeal or variance. If hardship is claimed, state the specific hardship.
2. Applicant **MAY** be required to provide names and addresses of the property owners within 450 feet of the affected property if requested by the Zoning Hearing Board.
3. Six (6) copies of the site plan or survey and other relevant information.
4. Required Application Fee.

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I hereby acknowledge that the above information is true and correct to the best of my knowledge and belief, and I shall comply with all provisions of the Township Code and the laws of the Commonwealth of Pennsylvania and obtain all permits required by law.

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**PLEASE RETURN THE COMPLETED APPLICATION AND THE \$500.00 APPLICATION FEE AND \$500.00 ESCROW FEE TO THE HAINES TOWNSHIP OFFICE. UPON COMPLETION OF THE HEARING, ONE-HALF OF THE STENOGRAPHIC FEE (PLUS ANY OTHER APPLICABLE COSTS) WILL BE DEDUCTED FROM THE ESCROW AMOUNT.  
\*EXCESS ESCROW FUNDS WILL BE RETURNED.**