

**APPLICATION FOR HEARING
WITH
MOUNT JOY TOWNSHIP BOARD OF SUPERVISORS**

Date of Filing: _____

Filing Fee: \$ 500.00

1) Applicant's Name and Address: _____

Phone: _____

2) Owner's Name and Address: _____

Phone: _____

3) Location of Property/Lot and/or Structure, which is the subject of the application:

4) Zoning Classification of effected property: _____

5) Proposed Use: _____

6) Request Sought:
 A. _____ Conditional Use
 B. _____ Zoning Amendment
 C. _____ Curative Amendment

7) Sections of the Ordinance applicable to the relief requested: _____

8) Descriptions of attachments: _____

By signing this application, I declare that I understand that false statements herein made are subject to the penalties of 18 Pa. C.S. § 4904, relating to unsworn falsification to authorities.

Signature: _____ Date: _____

| FOR OFFICE USE ONLY | | | |
|----------------------|--|---------------|------------------|
| Date Received: _____ | | Fee: \$ _____ | Date Paid: _____ |
| Date Approved: _____ | | _____ Cash | _____ Check |

This Application is an important legal document. Township employees, including the Zoning and Code Enforcement Officer, will provide general assistance in preparation and submission of your application. However, Township employees cannot provide legal advice or legal representation to you. You should consult your own attorney instead.