

**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.