

**CARROLL TOWNSHIP, PERRY COUNTY  
ZONING HEARING APPLICATION**

1. I hereby apply for: (check request and complete ordinance section)
  - a. Variance \_\_\_\_\_  
Ordinance section \_\_\_\_\_
  - b. Special Use \_\_\_\_\_  
Ordinance section \_\_\_\_\_
  - c. Appeal from Zoning Officer or other municipal body/officer \_\_\_\_\_  
Ordinance section \_\_\_\_\_
  - d. Substantive Challenge – the Validity of Map/Zoning Ordinance \_\_\_\_\_  
Ordinance section \_\_\_\_\_
  
2. Applicant: (must be property owner)  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone Number: \_\_\_\_\_
  
3. Applicant's Attorney:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone Number: \_\_\_\_\_
  
4. Location of the property effected and/or adjacent land (attach a survey or detailed sketch providing the property dimensions, area, and property within the Township)
  
5. Detailed description of the use of the land:  
Present: \_\_\_\_\_  
\_\_\_\_\_  
Proposed: \_\_\_\_\_  
\_\_\_\_\_  
Expected period of time of use: \_\_\_\_\_
  
6. Present Zoning Classification of Land:  
Circle: CF RA R-1 R-2 V C I C-2
  
7. Where applicable, describe landscaping and screening plans:
  
8. Reason for request:

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**Fee of \$500.00 attached hereto.**

**I certify above information to be true, correct, and complete. Any information I have failed to supply may be grounds for the Zoning Hearing Board to dismiss application.**

**I or we agree that the Hearing by the Board on this Application may be Taped Recorded rather than Stenographically Recorded. (Strike out if not Agreed).**

**Signatures:**

\_\_\_\_\_  
**Township Official**

\_\_\_\_\_  
**Applicant – Owner**

**Date:** \_\_\_\_\_

**Date:** \_\_\_\_\_