

**INSTRUCTIONS**  
**for**  
**COMPLETION of an APPLICATION**

**WYSOX TOWNSHIP ZONING HEARING BOARD**

103 LAKE ROAD, WYSOX, PA 18854

(570) 265-9200 fx: 265-9519

[Zoning@wysoxtownship.org](mailto:Zoning@wysoxtownship.org)

It is suggested you read the entire instruction sheet before beginning to complete the application. Questions may be directed to the Zoning Officer at telephone number (570) 265-9200

**SECTION A: APPLICANT(S)**

ITEMS 1, 2, 3: Enter the complete name(s), current mailing address, and current telephone number (including area code) of the applicant(s).

ITEM 4: An appearance before the ZONING HEARING BOARD is a hearing before three board members, the board's solicitor, and a court reporter. Applicants often choose to be accompanied by legal representation. If you wish to have a chosen legal representative notified of published hearing information, please include the name, address, and telephone number of your representative.

**SECTION B: SUBJECT PARCEL**

ITEM 1: The complete address assigned by the United States Post Office must be provided. If the subject parcel is a vacant lot for which no Post Office address has been assigned write "none" and proceed to item 2.

ITEM 2: Tax Map Number: This number can be obtained from two locations:  
A. The tax bill you receive from the Bradford County Assessor  
B. At the Bradford County Tax Assessor's Office in Towanda, PA (telephone 570-265-1714)

ITEM 3: Deed Reference: Book Number and Page Number or Instrument Number  
This information can be obtained at the Bradford County Recorders Office

ITEM 4: Provide the complete name and address of the legal owner of the subject parcel. If the owner is not the same as the applicant, then legal written authorization must be included authorizing the applicant to apply to the Zoning Hearing Board on the owners behalf.

ITEM 5: Zoning District:  
This may be obtained from the official Zoning Map located at the Township Municipal building. It can also be obtained by asking the Zoning Officer (telephone: (570) 265-9200).

ITEM 6: Type of Use:  
This information can be most easily obtained by asking the Zoning Officer telephone (570) 265-9200 (recommended method). The information can also be obtained by researching and cross-referencing the Zoning Ordinance, property file, and other municipal records.

SECTION C: TYPE OF RELIEF REQUESTED

Check only those items you are requesting and are applicable to the application.  
IMPORTANT: If you are not sure what to request, seek legal advice.

If you are applying for a variance, carefully read and provide the necessary information related to the five (5) items listed.

SECTION D: REASON(S) FOR REQUESTED RELIEF

This is self-explanatory.

SECTION E: REQUIRED DOCUMENTATION CHECKLIST:

This section is provided to help you insure the necessary information is included with your application. Check off items as you complete them. If you believe a portion is not required it is suggested you discuss it with the Zoning Officer before you submit the application.

**Incomplete applications will be returned to the applicant. Current fee schedules are posted at the municipal building and the appropriate fee must accompany the application.**

SECTION F: CERTIFICATION & SIGNATURE

Carefully read this section. You **must** sign and date the application. Applications received without a proper, legible signature will be returned without action.

**DO NOT WRITE IN THE OFFICIAL USE ONLY SECTION**

**APPLICATION TO THE  
WYSOX TOWNSHIP ZONING HEARING BOARD**  
103 LAKE ROAD, WYSOX, PA 18854  
(570) 265-9200 fx: 265-9519  
[Zoning@wysoxtownship.org](mailto:Zoning@wysoxtownship.org)

**SECTION A: APPLICANT(S)**

1. Names(s): \_\_\_\_\_
2. Mailing Address: \_\_\_\_\_
3. Telephone #: \_\_\_\_\_
4. Attorney's Name: \_\_\_\_\_  
Address/Phone: \_\_\_\_\_

**SECTION B: SUBJECT PARCEL**

1. Post Office Address: \_\_\_\_\_
2. Tax Map Number: \_\_\_\_\_
3. Deed Reference: Book Number \_\_\_\_\_ Page Number \_\_\_\_\_  
Or Instrument Number \_\_\_\_\_
4. Name and Address \_\_\_\_\_  
Of Parcel Owner \_\_\_\_\_
5. Zoning District: \_\_\_\_\_
6. Type of Use: (check one) Conforming \_\_\_\_\_ Nonconforming

**SECTION C: TYPE OF REQUESTED RELIEF:** (Check only those applicable items) If checking Variance, please include 1 – 5 listed below with documentation.

- |                       |       |                                      |       |
|-----------------------|-------|--------------------------------------|-------|
| 1. Variance           | _____ | 6. Multi-family housing              | _____ |
| 2. Special Exception  | _____ | 7. Change of Nonconforming Use       | _____ |
| 3. Conditional Use    | _____ | 8. Appeal of Administrative Decision | _____ |
| 4. Conversion         | _____ | 9. Other Relief Allowed per PA MPC   | _____ |
| 5. Curative Amendment | _____ | 10. Validity Variance                | _____ |

The Pennsylvania Municipalities Planning Code and the Codes of the Township of Wysox, PA require that for a variance to be granted the applicant must prove to the Zoning Hearing Board the following items are true: (please attach documentation for these items separately)

1. 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 the ordinance in the district which the property is located.
2. 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 the Zoning Ordinance and that the authorization of a variance is therefore necessary to enable the reasonable use of the property.
3. That such unnecessary hardship has not been created by the applicant.
4. That the variance, if authorized, will not alter the essential character of the 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. That the variance, if authorized, will represent the minimum variance that will afford relief and represent the least modification possible of the regulation in issue. In granting any variance, the Zoning Hearing Board may attach such reasonable conditions and safeguards as it may deem necessary to implement the purposes of this Ordinance.

**SECTION D: REASON (S) FOR THE REQUESTED RELIEF:**

A statement, including the section of the Code of the Township in which the Zoning Hearing will take place, under which the appeal or application requested may be allowed and reasons why it should be granted; or a statement of the section of this chapter governing the situation in which the alleged erroneous ruling is being appealed, and reasons for the appeal. (If more space is needed, please use additional sheet and attach.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION E: REQUIRED DOCUMENTATION CHECKLIST:**

The following documentation must be drawn to scale and submitted in triplicate at the time of application. These plans must include dimensions and shape of the parcel, the size and locations of existing buildings, the locations and dimensions of proposed buildings or alterations, and any natural or topographic peculiarities of the parcel in question. **Applications received without the required documentation will be returned without action.**

1. Site Plan \_\_\_\_\_
2. Building Plans (including floor and elevation drawings) \_\_\_\_\_
3. Parking Plans (include stormwater and lighting systems) \_\_\_\_\_
4. Application Fee: \$750.00 payable to the Township \_\_\_\_\_
5. Any other pertinent data required by the Zoning Hearing Board, Township Board of Supervisors and/or Zoning Officer. \_\_\_\_\_
6. Refuse Containment Plan (multi-family/commercial only) \_\_\_\_\_

**SECTION F: CERTIFICATION AND SIGNATURE**

I certify the information contained in this application and its supplements are true and correct. I further acknowledge I may be responsible for other additional costs such as, but not limited to, stenographic, advertising, duplication and mailing expenses resulting from the hearing for which I have applied and any additional expenses will be paid upon demand. I understand application for other required permits shall be made separately from this application.

SIGNATURE OF APPLICANT(S) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

ITEMS BELOW THIS LINE ARE FOR OFFICIAL USE ONLY

OFFICIAL DATE APPLICATION FILED WITH MUNICIPALITY	_____
FEE PAID	_____
DATE OF NOTICE TO PARTIES OF INTEREST	_____
DATE OF NOTICE IN NEWSPAPER OF RECORD	_____
DATE OF HEARING	_____