



HUNTINGTON TOWNSHIP

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APPLICATION FOR CONDITIONAL USE, ZONING VARIANCE, SPECIAL EXCEPTION OR AMENDMENT TO CHANGE THE ZONING MAP

APPLICATION DATE: _____

APPLICATION IS HEREBY MADE TO THE BOARD OF SUPERVISORS FOR A

- ☐ **CONDITIONAL USE PERMIT** (CHAPTER 27, SECTION 27-1307)
☐ **ZONING VARIANCE** (CHAPTER 27, SECTION 27-1315)
☐ **SPECIAL EXCEPTION**
☐ **CHANGE TO THE ZONING MAP**

OF THE HUNTINGTON TOWNSHIP CODE OF ORDINANCES.

NAME (APPLICANT): _____

ADDRESS: _____

TAX MAP PARCEL NO: _____

PHONE: _____ EMAIL: _____

DO YOU OWN OR LEASE THE PROPERTY? _____

DEED REFERENCE: DB _____ PG _____

IF DIFFERENT FROM ABOVE,

NAME (OWNER): _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

ATTORNEY: _____ PHONE: _____

ARCHITECT: _____ PHONE: _____

ENGINEER: _____ PHONE: _____

CONTRACTOR: _____ PHONE: _____

DESCRIPTION AND LOCATION OF PROPERTY: _____

CURRENT ZONE: ☐ AC ☐ RA ☐ RS ☐ CI ☐ FP

THE EXISTING USE OF THE LAND AND IMPROVEMENTS: _____

APPLICABLE ZONING ORDINANCE SECTION: _____

THE APPLICANT REQUESTS A ☐ CONDITIONAL USE PERMIT ☐ ZONING
VARIANCE ☐ SPECIAL EXCEPTION ☐ CHANGE TO THE ZONING MAP FOR THE
ABOVE PROPERTY FOR:

UNIQUE CIRCUMSTANCES OR CONDITIONS THAT CREATE AN UNDUE HARDSHIP:

THE APPLICANT ALLEGES THAT THE PROPOSED CONDITIONAL USE, VARIANCE,
SPECIAL EXCEPTION OR ZONING MAP CHANGE:

A) WOULD BE IN HARMONY WITH THE CHARACTER OF THE NEIGHBORHOOD
BECAUSE: _____

B) AND THAT IT WOULD NOT BE DETRIMENTAL TO THE PROPERTY, PERSONS OR
WELFARE OF THE NEIGHBORHOOD BECAUSE: _____

C) IN ADDITION TO MEETING THE STANDARDS PRESCRIBED BY THE ZONING
ORDINANCE, THE APPLICANT WILL PROVIDE _____

ATTACH ADDITIONAL INFORMATION TO APPLICATION

- _____ A) SUBMISSION FEE OF \$400
_____ B) PROPERTY DEED, 1 COPY
_____ C) SITE PLAN, 3 FULL SIZE COPIES, TWELVE 11"x17" AND 1 PDF
_____ D) PHOTOGRAPHS
_____ E) COPY OF THE APPLICABLE ZONING ORDINANCE SECTION
_____ F) 11"x17" COPY OF THE ZONING MAP WITH PROPERTY LOCATION
_____ G) OTHER _____
_____ H) OTHER _____

I HEREBY CERTIFY THAT ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

APPLICANT SIGNATURE AND DATE

PRINT NAME

REVISED 05/13/2025

DO NOT WRITE BELOW THIS LINE, OFFICE USE ONLY

RECEIVED BY: _____ DATE RECEIVED: _____

DATE OF HEARING: _____ FEE RECEIVED: _____

DATES OF PUBLIC NOTICE: _____

NAME OF NEWSPAPER: _____

DATE NOTICES SENT TO NEIGHBORS: _____

DATE OF PUBLIC NOTICE AT THE PROPERTY: _____

APPROVED OR DENIED DATE: _____