Rev. 1/21

Milford Township 2100 Krammes Road Quakertown, PA 18951 V(215) 536-2090 - F(215) 529-9127

Office Use Only:  Date Application Received:	
Tax Parcel #:	
Zoning District:	

## Milford Township Application For Zoning Hearing

Applicant:		
Owner's Name(s):		
Mailing Address:	Phone (W):	
Email		
Location of Property:		
Present Use of Property:		
Proposed Use or Change:		
Note: Photographs and other documentation may be sub- your case. Attach additional sheets as necessary.	mitted with this application to help present	
( ) Variance — (Include with application: three (3) copplot plan(s) showing existing and proposed structures, see applicable, and full application fee.)  I request a Variance from Section(s)	even (7) copies of floor plans, if  of the Milford Township Portion of the compliance with the requirements and	
( ) Special Exception — (Include with application: the (14) copies of plot plan showing existing and proposed seplans, if applicable, and full application fee.)  I request a Special Exception under Section(s)  Portion of the Quakertown Area Zoning Ordinance. I am standards of Section 1107 and any other requirement of 1 is as follows:	of the Milford Township in compliance with the requirements and	

copies of plot pla applicable, and f	on/Appeal — (Include with application: an showing existing and proposed structurally application fee.)  ction 1105 of the Milford Township Port	res, seven (7) copies	of floor plans, if
	est an Interpretation/Appeal of Section(s)		_
to submission.) Under Se	Please discuss this application with the ction 1111 of the Milford Township Port alidity of Section(s) of the	ion of the Quakertow	n Area Zoning Ordinance
submitted herewi best of my knowl requirements and requirements of l	certify that the above statements and the solution is the true and correct to the best of my leading, the property for which I seek zoning a standards of the above named section(s) aw. I further certify that I am authorized ip officials and/or engineers to enter this	knowledge and belief g relief is in complian ) of the Zoning Ordin l by all owners to ma	f. I certify that to the nee with the nance and any other ke this application. I
Signature of App	cure of Applicant: Date:		re:
Application and representative.	fee of \$ received by Milford To	ownship Zoning Offic	cer or authorized
Signature of town	nship official:	Date:	
	Zoning Hearing Board Fee Schedule:		
	Residential (Single-family) Residential (1&2) Multi-family/units/lots (2 to 6 units) Multi-family/units/lots (7 or more units) Non-Conforming Use Change/ Institutional & Recreational Commercial & Industrial Validity Challenge	\$500.00 \$500.00 Per \$650.00 \$1,250.00 \$575.00 \$850.00 \$1,600.00 \$10,000	
	Interpretation	\$1200.00	