



West Manheim Township, York County

2412 Baltimore Pike

Hanover, PA 17331

Phone: 717-632-0320 Fax: 717-632-2499

REQUEST FOR AN APPEAL APPLICATION INSTRUCTIONS

- In order for your application to be considered by West Manheim Township it must be submitted to the Township Secretary with all supporting documentation and applicable fees. All applicants (Owner or owner authorized) must sign and date the application.
- Township Zoning Ordinance Part 12 Article 29 (270-234)
 - Appeals from the determination of the Zoning Officer. Appeals from the determination of the Zoning Officer, including, but not limited to, the granting or denial of any permit, or failure to act on the application therefor, the issuance of any cease and desist order or the registration or refusal to register any nonconforming use, structure or lot.
 - Appeals from the determination of flood hazard or floodplain provisions. Appeals from a determination by the Township Engineer or the Zoning Officer with reference to the administration of any floodplain or flood hazard provisions within this chapter.
 - Appeals from the preliminary opinion of the Zoning Officer. Appeals from the Zoning Officer's determination of preliminary opinion pursuant to Section 916.2 (and any subsequent amendments) of the MPC.
 - Appeals from the determination of erosion and sedimentation and stormwater management. Appeals from the determination of the Zoning Officer or Township Engineer in the administration of any provision of this chapter with reference to sedimentation and erosion control and stormwater management insofar as the same relate to development not involving Chapter **235**, Subdivision and Land Development, or planned residential development applications.
- The Zoning Hearing Board is bound by the same rules, procedures, and standards of the Ordinance. The Zoning Hearing Board should uphold the original decision unless the record clearly shows that the original decision body or official was one or more of the following:
 - a. Arbitrary and capricious.
 - b. Based on an erroneous finding or a material fact.
 - c. Constituted an abuse of discretion.
 - d. Was based upon erroneous interpretation of the zoning code or zoning law.
- The filing fee required, \$550.00, must be paid at the time of filing the application. The fee will be returned only if the "REQUEST FOR AN APPEAL" is withdrawn within twenty-four (24) hours of submission.
- All materials to be considered at the next regular meeting of the Zoning Hearing Board must be submitted no later than close of business on the first day of the month. Any materials submitted after that time will be held for the following meeting and not be provided to the Board at the upcoming meeting.
- Applicants must attend the Zoning Hearing Meeting in order to answer questions or address issues concerning appeal request. Applicants should not distribute material to the Board during a meeting unless it is directly related to the initial presentation of the application.



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Appeal Application

For Township Use Only	
Case #:	_____
Date Application Filed:	_____
Fee Paid: \$	_____ Check #: _____
Board of Supervisors Meeting Date:	_____

OWNER INFORMATION

Name of Property Owner: _____ Business Name: _____
 Phone: _____ Alternate Phone: _____
 Street Address: _____ City, State, Zip: _____

If the applicant is not the legal or record owner of the property, written authorization must be provided by the owner to sign, or proof of equitable ownership must be provided, such as a contract for sale or lease and must be submitted with this application.

APPLICANT INFORMATION (IF NOT THE OWNER)

Name of Applicant: _____ Business Name: _____
 Phone: _____ Alternate Phone: _____
 Street Address: _____ City, State, Zip: _____

CONSULTANT'S (IF DIFFERENT THAN APPLICANT)

Consultant's Name: _____ Address: _____
 City, State, Zip: _____ Phone: _____
 Alternate Phone: _____ Email: _____

PROPERTY INFORMATION

Street/Site Address: _____ City, State, Zip: _____
 Subdivision Name: _____ Zoning District: _____
 Homeowners Association Name: _____
 Tax Map: _____ Parcel #: _____
 Lot Area (Sq. Ft.): _____ Lot Size: Width _____ Depth _____
 Type of Use Proposed: _____ Present Use: _____
 Front Yard Setback (Ft): _____ Rear Yard Setback (Ft): _____

HOMEOWNERS ASSOCIATION CONTACT (IF APPLICABLE)

Association's Name: _____ Contact Name: _____
 Address: _____ City, State, Zip: _____
 Phone: _____ Email: _____

