

NEWLIN TOWNSHIP  
CHESTER COUNTY, PENNSYLVANIA  
P.O. BOX 447  
UNIONVILLE, PA 19375  
Phone: (610) 486 - 1141 Fax: (888) 659 - 8823  
Email: [info@newlintownship.org](mailto:info@newlintownship.org)  
Copy to: [cakologie@casval.com](mailto:cakologie@casval.com)

**APPEAL TO THE ZONING HEARING BOARD**

Applicant must provide all of the information requested on this form. All plans required to be filed with the Board must accompany this application, together with the filing fee payable to "Newlin Township". The application may be mailed or delivered to the Zoning Hearing Board to the address above and copied to: CASTLE VALLEY CONSULTANTS, INC, 1011 Daisy Point Road, Pottstown, PA 19465. Please note that six (6) copies of the application and any attached plans and explanatory material must be filed with the Township and one copy to CEDARVILLE. NO APPLICATION WILL BE ACCEPTED WHICH IS INCOMPLETE AND/OR WHICH IS SUBMITTED WITHOUT THE REQUIRED FEE (fee is Residential - \$1500.00; Others \$2000.00). FEES MUST BE RECEIVED BY THE TOWNSHIP SECRETARY PRIOR TO ACCEPTANCE OF THE APPLICATION.

1. Applicant Information:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Email: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Specific address of the affected real estate and county tax parcel number identification (do not use P.O. Box).

Address: \_\_\_\_\_ Tax Parcel Number: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Relationship of the applicant to the property in question.

Relationship: \_\_\_\_\_

4. Owner of the property in question.

Owner: \_\_\_\_\_

5. Specific description of the property in question (size of lot/tract and all improvements).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Present zoning classification of the property in question. If non-conforming use, so indicate.

Zoning Classification: \_\_\_\_\_

7. Present use of the property.

Present use: \_\_\_\_\_

8. A brief description for the specific use proposed for the property and the citation(s) to the Newlin Township Zoning Ordinance which authorizes such use.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. A concise statement describing the relief sought and the reason(s) why such relief is necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. The application shall be accompanied by the plot plan of the property.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Counsel for Applicants:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The undersigned hereby requests the Zoning Hearing Board of Newlin Township to schedule a public hearing on the above application.

APPLICANTS:

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

\_\_\_\_\_  
\_\_\_\_\_