



**Zoning Hearing Board**  
**Upper Merion Township**  
 175 W. Valley Forge Road  
 King of Prussia, PA 19406  
 610-205-8511 fax 610-265-8467  
[www.umtownship.org](http://www.umtownship.org)



**UPPER MERION TOWNSHIP ZONING HEARING BOARD APPEAL  
 COMMERCIAL APPLICATION**

The following is a list of questions designed to assist you and the Zoning Hearing Board in the efficient and prompt review of your appeal. Please thoroughly answer all questions, which are applicable to your appeal. If you believe the question does not pertain to your appeal, please indicate on this form by answering "not applicable."

**All questions must be answered to consider this appeal form complete.**

A complete site plan, construction documents and a copy of your deed must be attached to this application. Please return this form to the Zoning Official when you file your application.

**OFFICE USE ONLY**

**APPEAL #** \_\_\_\_\_

**APPLICATION FEE \$** \_\_\_\_\_

**DATE COMPLETED APPLICATION RECEIVED** \_\_\_\_\_

**ADVERTISED DATES** \_\_\_\_\_

**1**

**Owner:** \_\_\_\_\_  
 name

\_\_\_\_\_ address/zip code

\_\_\_\_\_ phone \_\_\_\_\_ fax \_\_\_\_\_ e-mail

**Applicant:** \_\_\_\_\_  
 name

\_\_\_\_\_ address/zip code

\_\_\_\_\_ phone \_\_\_\_\_ fax \_\_\_\_\_ e-mail

\_\_\_\_\_ owner \_\_\_\_\_ equitable owner \_\_\_\_\_ tenant

If the applicant is not the property owner, the applicant must provide a signed and notarized letter from the property owner stating his/her permission to allow the applicant to represent the property owner at the zoning hearing board with this zoning appeal.

**2** If applicant is represented by an attorney or counsel, please provide:

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_

**3** **Location of Real Estate:** \_\_\_\_\_

Tax Parcel #: \_\_\_\_\_ Zoning District: \_\_\_\_\_

Lot Size: \_\_\_\_\_ Percent of Lot Area Occupied by Existing Buildings: \_\_\_\_\_

Percent of Lot Area to be Occupied by Proposed Buildings: \_\_\_\_\_

Present Use: \_\_\_\_\_ **TOTAL:** \_\_\_\_\_

Date when present use began: \_\_\_\_\_ Date of acquisition by property owner: \_\_\_\_\_

Please list each structure and it's use currently located on this property.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**4** Is your home or principal structure connected to: (please circle all that apply)

public water                      public sewer                      not presently connected  
private on-lot septic                      private well

If you are not connected at this time, what type of sewage and water facilities are available to the property?

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Have you consulted with adjoining property owners?

\_\_\_\_\_ | \_\_\_\_\_  
Yes                      No

If yes, indicate responses:

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

Are there any outstanding state, federal, county or township violations cited on this property at the time of this application? \_\_\_\_\_ If yes, please explain:

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

**5** Type of Appeal Sought:

**You must list all sections of the Upper Merion Township Zoning Ordinance in which you are seeking zoning relief from on the following lines: (Please note that if this section is not complete, the appeal will not be heard)**

_____ Special Exception	Applicable:	_____   _____
		Section                      Sub-Section
_____ Variance	Applicable:	_____   _____
		Section                      Sub-Section
_____ Appeal of Zoning Officer's Determination	Applicable:	_____   _____
		Section                      Sub-Section
_____ Enforcement Notice Appeal	Applicable:	_____   _____
		Section                      Sub-Section
_____ Other Appeal	Applicable:	_____   _____
		Section                      Sub-Section

State in narrative form the nature of your appeal including the primary relevant facts intended to be presented to the Zoning Hearing Board. Please include a description of all explosive or toxic materials to be stored on this site. Please reference to your attachment if additional space is needed.

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

**6** What is the exact use proposed for the property? List the current and proposed hours of operation, number and type of employees, business equipment to be used or stored at the site, nature of normal business operations, if applicable. Please reference to your attachment if additional space is needed.

What is the character of the buildings and uses on abutting properties and what is the general character of the surrounding neighborhood? Please reference your attachment if additional space is needed.

What will the impact of this use be on existing traffic patterns and volumes for this zoning appeal? Also, please specify the amount of parking spaces and unloading areas as specified in the Upper Merion Township Zoning Ordinance.

Will the zoning relief requested, if authorized, alter the essential character of the neighborhood or district in which the property is located, or substantially or permanently impair the appropriate use of the development of adjacent property, or be detrimental to the public welfare? Please give reasons for your answers to the aforementioned questions by explaining below. Please reference to your attachment if additional space is needed.

Has any previous zoning appeal been filed in connection with this property? If yes, please list applicant's name, date and nature of appeal.

I/we believe that the board should approve this request because: (include the grounds for the zoning appeal, or reasons, both with respect to case law and fact, for granting this use requested).

**7** In accordance with the Municipalities Planning Code, Act 247, Section 908, it will be necessary for Upper Merion Township to post notice of this hearing. Such posting shall be conspicuously displayed on the affected tract of land or building. Section 908.1.2 requires a hearing within 60 days of this application; a subsequent hearing within 45 days of the prior hearing; the completion of the presentation within 100 days of the hearing and the requirement for at least seven (7) hours of hearings within 100 days, including the first hearing.

**I / We hereby waive the provisions of section 908.1.2 of the Municipalities Planning Code**

\_\_\_\_\_ | \_\_\_\_\_  
yes                      no

**I hereby certify that all of the above statements contained in this zoning appeal application and any papers or plans submitted with this zoning appeal to the Upper Merion Township Hearing Board herewith are true and correct to the best of my knowledge and belief.**

\_\_\_\_\_  
print name of owner

\_\_\_\_\_  
print name of applicant

\_\_\_\_\_  
signature of owner

\_\_\_\_\_  
signature of applicant

\_\_\_\_\_  
date

\_\_\_\_\_  
date