

**CLAY TOWNSHIP  
ZONING HEARING APPLICATION**

Today's Date: \_\_\_\_\_

Application #: \_\_\_\_\_

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

The undersigned makes application to Clay Township for permission to do the following with the understanding that all pertinent provisions of the Clay Township Zoning Ordinance must be complied with.

1. Name of Applicant  
\_\_\_\_\_
2. Address of Applicant  
\_\_\_\_\_
3. Phone Number and E-Mail Address of Applicant  
\_\_\_\_\_
4. Address of Property  
\_\_\_\_\_
5. Deed Information of Property(Deed Book, Volume at Page or Deed #)  
\_\_\_\_\_
6. Name of Developer and E-Mail (If Any)  
\_\_\_\_\_
7. Phone Number and Address of Developer  
\_\_\_\_\_
8. Name and Address of Property Owner (If Applicant is not Owner)  
\_\_\_\_\_
9. If Business, Business Name  
\_\_\_\_\_
10. Description of proposal including all actual dimensions and the general shape of the lot and the location and size of existing and new buildings or structures is accurately shown to scale on the attached plan which is made part of this application.
11. Use of Property: Present \_\_\_\_\_  
Proposed \_\_\_\_\_
12. Zoning of Property \_\_\_\_\_
13. Is use permitted in District by Ordinance? Yes \_\_\_ No \_\_\_
14. Density of property (dwelling units/acres) \_\_\_\_\_
15. Yard requirements met? Yes \_\_\_ No \_\_\_
16. Utilities available? Yes \_\_\_ No \_\_\_
17. Lot area and coverage requirements met? Yes \_\_\_ No \_\_\_
18. Number of off-street parking spaces provided \_\_\_\_\_
19. Off-street loading/unloading provided? Yes \_\_\_ No \_\_\_
20. Is property subject to flooding? Yes \_\_\_ No \_\_\_
21. Does the grade on the lot exceed 20%? Yes \_\_\_ No \_\_\_
22. Have all necessary State, County and Township requirements been met?  
Yes \_\_\_ No \_\_\_

**APPLICATION FOR HEARING**

\_\_\_\_\_ Request for Variance \_\_\_\_\_ Request for Special Exception  
\_\_\_\_\_ Appeal for the Zoning Officer \_\_\_\_\_ Unified Appeals  
\_\_\_\_\_ Challenge to the Validity of the Zoning Ordinance Map

1. Basis of Request, Challenge and/or Appeal

2. Application Section(s) of the Ordinance or Law

Date of Application: \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**Hearing Fee \$500.00 and listing of property owners within 100' of property boundaries (front, side and rear).**

Date of Hearing: \_\_\_\_\_

(Township Staff use only)

Application #: \_\_\_\_\_

\_\_\_\_\_  
Received by:  
Clay Township Zoning Officer

\_\_\_\_\_  
Date

**ACTION ON APPLICATION – to be completed by Township Staff**

Application Approved? Yes \_\_\_ No \_\_\_

Permit Number: \_\_\_\_\_

Application Rejected Yes \_\_\_ No \_\_\_ Date Rejected: \_\_\_\_\_

Reason for Rejection:  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Zoning Officer's Signature