



Code Services

**** OFFICE USE ONLY ****

Date Received: _____

Zoning District: _____

Tax Parcel No.: _____

Zoning Permit No.: _____

APPLICATION TO THE ZONING HEARING BOARD

I. PROPERTY INFORMATION

Residential Non-Residential

Municipality: _____ Development: _____ Lot: _____ Section: _____

Proposed Work Site Address: _____ Tax Parcel ID: _____

Proposed Subdivision Name: _____ Zoning District: _____

Lot Width: _____ Lot Depth: _____ Total Lot Size Acres/Square Feet: _____

II. CONTACT INFORMATION

Property Owner: _____ email: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Phone: _____ Fax: _____

(If different than Owner)

Applicant: _____ email: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Phone: _____ Fax: _____

Legal Counsel: _____ email: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Phone: _____ Fax: _____

III. TYPE OF REQUEST

Appeal Challenge Variance Special Exception Conditional Use Other

Describe in detail, the appeal/relief/special exception sought, citing the specific portion of the Zoning Ordinance:

IV. REASON FOR REQUEST

Grounds for appeal/relief/special exception, etc. sought *(Include hardship if requesting Variance):*

V. ADJACENT PROPERTIES: Within Two Hundred (200') Feet of This Property *(use separate sheet for additional properties if needed)*

Name: <i>John Doe</i>	Address: <i>100 W. Broad Street</i>	Parcel Id: <i>12-34-5678.000</i>
Name:	Address:	Parcel Id:
Name:	Address:	Parcel Id:
Name:	Address:	Parcel Id:
Name:	Address:	Parcel Id:

I hereby certify that the proposed application and subsequent actions or uses are authorized by the owner. As the owner or authorized representative, I agree to conform to all applicable laws of the jurisdiction. Construction shall comply with all Local Municipal Codes and the most current ICC Building Codes as adopted by the Commonwealth of Pennsylvania. I have examined this application, its requirements and to my knowledge and belief, it is a true, correct and complete application.

Applicant Printed Name: _____

Applicant Signature: _____ **Date:** _____

The Application fee must be submitted along with the application.
Note: For an Appeal, attach a true copy of the order or decision of the Zoning Officer.
 All information submitted shall become part of the record and cannot be returned to the applicant.
 Please read the **Zoning Hearing Board Applications Submission Checklist and Information** for the recommended materials to be attached to the application and for what should be brought to the Hearing for presentation.

**** OFFICE USE ONLY ****

RECORD OF EVENTS

Application

Application Date Date: _____

Date Received as Completed Submission Date: _____

Public Notices

1st Publication *(no more than 30 days prior to meeting)* Date: _____

2nd Publication *(no less than 7 days prior to meeting)* Date: _____

Property Posted *(no less than 7 days prior to meeting)* Date: _____

Hearing(s)

Initial *(within 60 days of application date)* Date: _____

Subsequent *(within 45 days from prior meeting)* Date: _____

Subsequent *(within 45 days from prior meeting)* Date: _____

Subsequent *(within 45 days from prior meeting)* Date: _____

Applicant's required completion

Final Presentation *(within 100 days from 1st Hearing)* Date: _____

Decision/Findings

Boards Written Notice *(within 45 days from last Hearing)* Date: _____

Zoning Officer's Signature: _____ Date: _____