



Code Services

** OFFICE USE ONLY **	
Date Received:	
Zoning District:	
Tax Parcel No.:	
Zoning Permit No.:	

APPLICATION TO THE ZONING HEARING BOARD

I. PROPERTY INFORMATION

<input type="checkbox"/> Residential		<input type="checkbox"/> 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:	
<i>(If different than Owner)</i>			
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: _____