

Borough of Cheswick

220 S. Atlantic Avenue, P.O. Box 235, Cheswick, Pa 15024
724-274-5125

APPLICATION TO THE ZONING HEARING BOARD

Name of applicant _____
Address _____
Phone Number _____

Description of property involved in this appeal:
Location: _____

Lot Size: _____ Present Use: _____ Zoning District: _____

Present improvements upon the land: _____

Proposed Use: _____

What is the applicant's interest in the premises affected? _____

Provision(s) of Zoning Ordinance Appealed: (chapter, section, subsection)

Type of appeal:

- Variance from the provisions of the Zoning Ordinance.
- Appeal from any order, requirement, decision, or determination made by Zoning Officer.
- Challenge to the validity of the Zoning Ordinance.
- Appeal from the Borough Engineer or Zoning Officer's determination with reference to any floodplain or flood hazard conditions.
- Other (please list) _____

A previous appeal **has** **has not** been made.

Applicant **MUST** provide and attach a narrative to this application including information on grounds for appeal and response both with respect to law and fact for granting the appeal or variance. If hardship is claimed, state the specific hardship.

Check here that narrative is attached.

I certify that the information contained is true and correct.

Applicant – Print Name

Applicant – Signature

Applicant – Phone Number

Date

The following must be submitted to be considered a **COMPLETE** application:

1. Completed Zoning Hearing Board application.
2. Ten (10) copies of the site plan/or survey and other relevant information.
3. Narrative.
4. Fee: \$300.00

Please note that applicant will be billed for additional expenses associated with this appeal

Office Only:

Application # _____

Completed Zoning Hearing Board application

Ten (10) copies of the site plan/or survey and other relevant information

Narrative

Fee (\$300.00) paid

Additional Expenses paid