BOROUGH OF COKEBURG, WASHINGTON COUNTY
ZONING HEARING BOARD APPLICATION

TYPE OF APPLICATION:
___ VARIANCE
___ USE BY SPECIAL EXCEPTION
___ APPEAL FROM DECISION OF ZONING OFFICER
___ VALIDITY CHALLENGE
___ OTHER _____
(Please Specify)

LOCATION OF PROPERTY _____
COUNTY ASSESSOR'S TAX PARCEL NUMBER FOR PROPERTY _____

ZONING CLASSIFICATION _____ PRESENT USE OF PROPERTY _____
EXISTING IMPROVEMENTS ON PROPERTY _____
PROPOSED USE AND/OR IMPROVEMENTS ON PROPERTY _____
APPROXIMATE COST OF PROPOSED IMPROVEMENTS $ _____

LANDOWNER'S NAME _____
LANDOWNER'S ADDRESS _____
LANDOWNER'S PHONE NUMBER _____

APPLICANT'S NAME _____
(If different from landowner)
APPLICANT'S ADDRESS _____
APPLICANT'S PHONE NUMBER _____

IF APPLICANT IS NOT LANDOWNER, EVIDENCE OF AUTHORIZATION TO ACT ON BEHALF OF LANDOWNER _____ ATTACHED _____ NOT APPLICABLE

SECTIONS OF BOROUGH ZONING ORDINANCE UNDER WHICH THIS APPLICATION IS FILED:

_____

REASONS WHY THE ZONING HEARING BOARD SHOULD GRANT THE REQUEST:

_____
_____
_____

(Attach additional sheet, if necessary)

HAS A PRIOR APPLICATION BEEN FILED WITH THE BOARD FOR THIS PROPERTY? ___ YES ___ NO
IF YES, GIVE DATE AND NATURE OF APPLICATION: _____

CONTENT OF APPLICATION:
___ PLOT PLAN OF PROPERTY
___ LIST OF NAMES AND ADDRESSES OF PROPERTY OWNERS WITHIN 300 FEET OF ENTIRE PERIMETER OF PROPERTY (INCLUDING ACROSS THE STREET) TAKEN FROM LATEST ASSESSMENT ROLL OF WASHINGTON COUNTY
___ EVIDENCE OF OWNERSHIP OF PROPERTY

APPLICATION FILING FEE: $ _____ DATE PAID _____ CHECK # _____
STENOGRAPHER'S APPEARANCE FEE: $ _____ DATE PAID _____ CHECK # _____

I, _____, hereby depose and say that all the above statements and the statements contained in the materials submitted herewith are true and that I understand that I must abide by all applicable Borough Ordinances.

SIGNATURE OF APPLICANT: _____
DATE: _____

(Official Use Only)

APPEAL NO. _____ HEARING DATE: _____ DATE OF DECISION: _____
DECISION: _____ APPROVED _____ DENIED _____ APPROVED WITH CONDITIONS