Borough of East McKeesport

Zoning Hearing Application Form

907 Florence Avenue, East McKeesport, PA 15035
Phone: 412-824-2531 Fax: 412-824-1026

Application Rec'd. _____ Hearing Date_____ Advertisement Dates_____

Applicant Information

Name: _____

Address: _____

Phone Number: _____Home _____Cell

Property Information

Location of Property: _____

Lot size in square feet _____ Lot/Block #_____Zoned District_____

Present use, i.e. home, accessory building, etc._____

_____

Proposed use _____

Are you the Owner_____ Agent_____Tenant_____Other (please explain) _____

I/We are requesting a/an _____Interpretation _____Special Exception

_____Variance _____Other (please explain)

Name of owner: _____

Address of Owner: _____

_____

Phone Number: _____Home _____Cell

I/We believe that the Zoning Hearing Board of the Borough of East McKeesport should approve this request because: (Include the grounds for appeal, both with respect to law and facts. If hardship is claimed, state the specific hardship.)

_____

_____

We/I understand that a $250.00 non-refundable deposit must be paid at the time of the filing of the application. This initial fee shall cover legal advertising expenses for the hearing. Appearance fee by stenographer shared equally by applicant and zoning hearing board; cost of original transcript to be paid by whoever requests it or whoever appeals board's decision.

_____ _____

Signature of Applicant Date