THE BOROUGH OF RIDGWAY
Secretary of the Zoning Hearing Board
108 Main Street, Ridgway, PA 15853
(814)776-1125 | Fax: (814)772-5167

FOR OFFICE USE ONLY
DATE RECEIVED: _____ APPEAL NO: _____
DATES ADVERTISED: _____ & _____
ZONING DISTRICT: A1 R1 R2 R2MHP CR C I

APPLICATION FOR ZONING APPEAL

($250.00 Residential / $350.00 Commercial - Application Fee) *Escrow Deposit may be required*

APPELLANT INFORMATION

NAME _____ *PHONE* _____

ADDRESS _____ *EMAIL* _____

PROPERTY DESCRIPTION

PROPERTY TYPE: ☐ RESIDENTAL ☐ COMMERCIAL ☐ INDUSTRIAL ☐ MIXED USE

ADDRESS: _____ LOT SIZE: _____

PRESENT USE: _____ ZONING DISTRICT: _____

PRESENT IMPROVEMENTS UPON THE LAND _____

OWNER OF PROPERTY:

NAME _____ *PHONE* _____

ADDRESS _____ *EMAIL* _____

NOTICE OF APPEAL

(I) (We) _____ of _____ request that a
(Name-Appellant) (Address-Appellant)
determination be made by the Zoning Hearing Board on the following appeal, which was not granted by the Zoning Office for the reason that it was a matter which in the opinion of the Zoning Officer should properly come before the Board.

A review and interpretation _____, a special exception_____, a variance_____, is requested to

Article_____, Section_____, Subsection_____, Paragraph _____, of the Zoning Ordinance for the reason that:

_____ It is an appeal for an interpretation of the Ordinance or map.

_____ It is a special exception to the ordinance on which the Zoning Hearing Board shall hear and decide.

_____ It is a request for a variance relating to the ____ area, ____ frontage, ____ yard, ____ height ____, or

_____ provisions of the Zoning Ordinance.
(Other Than Listed)

Proposed Use _____

(I) (We) believe that the Board should approve this request because: (Include the grounds for appeal or reasons both with respect to law and fact for granting the appeal of special exception or variance, and if hardship is claimed, state the specific hardship.)

_____

_____

_____

_____

PAST APPEALS (Please Circle Response)

Has any previous application or appeal been filed in connection with these premises? Yes No Unknown

What is the applicant's interest in the premises affected? Owner Agent Lessee Other _____

Following are the names and addresses of owners of property within a distance of *three hundred (300) feet* from the exterior limits of the property involved in this appeal as shown by the latest assessment roll of the County of Elk, Pennsylvania.

NAME OF AFFECTED OWNERS	CURRENT MAILING ADDRESS

NOTES: _____

CERTIFICATION

I hereby certify that all of the above statements and the statements contained in any papers or plans submitted herewith are true to the best of my knowledge and belief. I acknowledge that if any portion is incomplete, including the "Affected Owner" list, your appeal may be delayed or denied. I also agree that the application fee is non-refundable once submitted.

APPELLANT SIGNATURE _____ *DATE* _____