BOROUGH OF AMBRIDGE

DEPARTMENT OF ZONING

600 11th Street
Ambridge, PA 15003-2377
Office: 724-266-4070
FAX: 724-266-9191
E-mail: codes@ambridgeboro.org

APPLICATION FOR APPEAL - ZONING BOARD OF ADJUSTMENT

DATE: _____

PROPERTY ADDRESS: _____

TAX PARCEL NUMBER: _____ PROPERTY PRESENT ZONED: _____

APPELLANT INFORMATION

Name: _____

Address: _____ Phone # _____

_____

Interest in Property: _____

PLEASE CHECK APPROPRIATE ITEM BELOW DESCRIBING TYPE OF REQUEST

☐ Dimensional Variance ☐ Special Exception

☐ Validty Variance ☐ Interpretation

Cite The Specific Section of the AMBRIDGE BOROUGH Zoning Ordinance Which Applies to this Appeal

Article _____ Section _____ Subsection _____

Please Provide Below, or on a separate sheet, a written description of the type of variance or special exemption sought and the grounds for this request:

_____

_____

_____

_____

_____

_____

_____

Please sign and return

OWNER'S SIGNATURE: _____ DATE: _____

* * * FOR OFFICE USE ONLY * * *

DATE RECEIVED: _____ AMOUNT RECEIVED: _____ CHECK NO: _____ ☐ CASH

RECEIVED BY BOROUGH OFFICE: _____ RECEIPT #: _____