SPRINGDALE BOROUGH ZONING HEARING BOARD

325 School Street
Springdale, PA 15144

REQUEST FOR HEARING

Applicant Name: _____

Address: _____

Telephone: _____ **Fax:** _____

I/We hereby request that a determination be made by the Zoning Hearing Board on the following request:

1. **Description of the property involved in this appeal:**

   Location _____

   Property Owner _____

   Block/Lot No.: _____ **Lot Size:** _____

   Present Use _____ **Zoning District** _____

   Present Improvements on Land: _____

   _____

   Proposed Use: _____

   _____

   Approximate cost of work involved: _____

2. **Provision(s) of the Zoning Ordinance Appealed:**

   _____ _____ _____
   Article **Section** **Subsection**

3. **Type of Appeal/Request:**

   A. ( ) **Variance from the provisions of the Zoning Committee**
   B. ( ) **Temporary Permit**
   C. ( ) **Non-Conforming Use Status**
   D. ( ) **Special Exception Approval**
   E. ( ) **Other (explain)** _____
   _____

4. **Has a previous appeal been filed in connection with this property? Yes** _____ **No** _____

   If yes, _____ _____ _____
   (Type) (Date) (Disposition)

5. **Reason for Appeal: Description of Proposal**

A. **( ) A variance from the Zoning Ordinance is requested as follows:** _____

_____

_____

_____ **Use Variance** _____**Dimensional Variance**

NOTE: APPLICANT MUST PROVE THE FOLLOWING:

(1) Strict application of current provisions would produce unnecessary hardship.
(2) The unnecessary hardship is a result of unique physical conditions of the property.
(3) The unnecessary hardship was not created by the applicant.
(4) The character of the district/neighborhood would not change or be adversely affected.
(5) The variance: requested is the minimum necessary to afford relief:

B. ( ) Temporary Use Permit or extension thereof is requested as follows: _____

_____

C. ( ) Non-Conforming Use Status is requested as follows: _____

_____

D. ( ) Special Exception Approval is requested as follows: _____

_____

E. ( ) Other: _____

_____

6. I/We believe the Board should approve this request because (include grounds for appeal or reasons both with respect to law and fact for granting the appeal, variance or special exception and, if hardship is claimed, state the specifics (attach additional sheet if necessary)):

_____

_____

_____

7. Have you applied for a building permit: Yes _____ (Date) _____ No _____ If no. why not

_____

_____

8. What is applicant's interest in property affected (Owner, Agent, Lessee, Etc.?) _____

_____

(Provide copy of deed, lease, sales agreement or other contract proving interest in property)

9. **Provide names and addresses of owners of properties adjacent to and/or directly across from The boundary of the properties affected by the hearings as shown by the latest assessment of Allegheny County.**

1. _____ 2. _____ 3. _____
_____ _____ _____
_____ _____ _____

4. _____ 5. _____ 6. _____
_____ _____ _____
_____ _____ _____

NOTE: As part of this Application, the applicant must provide seven (7) copies of this request along with (7) copies of a survey or scaled-drawing of the property affected. This survey or scaled-drawing must show the location and size of the subject lot, the size of improvements now erected or the proposed to be erected, proposed use or other changes desired, together with any other information required by the Board.

An incomplete Application will be returned to applicant. An Application will be considered incomplete unless or until the appropriate application/hearing fee is paid in full.

Any and all documents or drawings submitted as evidence for review must be reasonably accurate dimensions, no free-hand drawings will be accepted.

I/We hereby certify that all of the above information is true and correct to the best of may/our knowledge.

Date: _____ Applicant Signature _____

OFFICE USE ONLY *Date Filed:* _____ *~~Township~~ Boro No.* _____

Hearing Fee Paid" _____ *Date Fee Paid:* _____

Date Advertised: _____ *Date Property Posted:* _____

Date Boro Building Posted: _____ *Date Notices Sent to Interested Parties:* _____

Date of Hearing: _____