ZONING HEARING BOARD
OF THE
CITY OF ALIQUIPPA
BEAVER COUNTY, PENNSYLVANIA

TO: The Zoning Hearing Board
Aliquippa Municipal Building
581 Franklin Avenue
Aliquippa, PA 15001

Appeal/Application No.:_____

(APPLICANT MUST CHECK EACH TYPE OF ACTION WHICH APPLIES)

_____ Appeal from decision of Zoning Officer
_____ Application for variance
_____ Application for special exemption
_____ Application for conditional use
_____ Challenge to validity of Zoning Ordinance or Map
_____ Unified Appeal
_____ Other Application

(APPLICANT IS REQUIRED TO COMPLETE PARAGRAPHS 1-9)

1. Owner (s) of property name _____

2. Authorized Agent of owner (s) _____

3. Address of Owner (s) Address of Agent

_____ _____

_____ _____

_____ _____

Telephone ( ) _____ Telephone ( ) _____

4. The ownership of the subject premises is identified here:

Prior Owner (s) Name (s): _____

Date of Deed to Present Owner (s): _____

Recording of Deed to Present Owner (s): Volume _____ Page_____

A photocopy of the deed to the present property owner (s) is attached to this application and made a part thereof.

5. _____ Applicant certifies that applicant is the owner of the property.

_____ Applicant certifies that the applicant is not the owner, but has a proprietary interest in property. Applicant indicates below the nature and character of such interest and has attached a photocopy of the document which verifies applicant's interest.

_____

_____

6. Mailing address of property: _____

_____

7. _____ The property is not in a recorded subdivision.

_____ The property is in a recorded subdivision. State the following:

Number (s) of your lot (s): _____

Subdivision is filed Plan Book Volume _____, Page _____

A photocopy of the subdivision is attached to this application and made a part hereof.

8. Beaver County Tax Parcel No. of subject real estate:

08-_____ Verified by: _____

Secretary

9. The Zoning District Classification of property is:

_____ R-1 Single Family Residential

_____ R-2 General Residential

_____ R-3 Multi-Family Residential

_____ C-1 Central Business District Commercial

_____ C-2 Community Commercial

_____ C-3 Highway Commercial

_____ C-4 Limited Commercial

_____ TO Transitional Overlay

_____ I Industrial

_____ IS2 Industrial Service District

_____ C Conservation

_____ IE Institutional Educational

(APPLICANT IS ONLY REQUIRED TO COMPLETE PARAGRAPHS 10-16)

(WHICH APPLY)

10. If the application is from a decision of the Zoning Officer specify all appropriate categories:

_____ Yes _____ No

Appeal from disapproval of following permit:

_____ Building (Zoning) Permit Application No. _____

_____ Occupancy Permit Application No. _____

_____ Temporary Permit Application No. _____

_____ Sign Permit Application No. _____

_____ Other Permit Application No. _____

Date of Decision of Zoning Officer _____

Attach a copy of the entire application for the permit including Zoning Officer's decision. Specify <u>all</u> grounds and reasons why the Zoning Officer's decision is claimed to be in error (Applicant waives any ground or reason not specified)

_____

_____

_____

_____

_____ Yes _____ No

Appeal from any other decision of Zoning Officer:

Specify the nature of the request and decision:

_____

_____

_____

Date of decision of Zoning Officer: _____

Attach a copy of the entire application for relief including Zoning Officer' s decision. Specify all grounds and reasons why the Zoning Officer's decision is claimed to be in error. (Applicant waives any ground or reason not specified)

_____

_____

11. If the application is for a variance, specify all appropriate categories:

_____ Dimensional Variance

_____ Use Variance

Relief is sought from the following Section(s) of the Zoning Ordinance:

Section(s) _____ Subsection (s) _____

Section(s) _____ Subsection(s) _____

Specify the precise relief, if any, sought from the requirements of the Zoning Ordinance: (Applicant waives any relief not specified)

_____

_____

_____

_____

_____

Specify the precise intended purposes for the variance:

_____

_____

_____

_____

State the precise nature of the unique hardship upon which your claim is based: (Applicant waives any hardship not specified)

_____

_____

_____

_____

12. If the application is for a special exception, specify all appropriate categories: (Applicant waives any relief not specified)

Relief is requested from Section(s) of the Zoning Ordinance: _____

Section(s) _____ Subsection(s) _____

Specify the precise nature of relief requested: (Applicant waives any relief not specified)

Specify the precise intended purposes for the special exception:

13. If the application is for a conditional use, specify all appropriate categories: (Applicant waives any relief not specified)

Relief is requested from Section(s) of the Zoning Ordinance:

Section(s) _____ Subsection(s) _____

Specify the precise nature of relief requested: (Applicant waives any relief not specified)

Specify the precise intended purposes for the conditional use:

14. If the application is a challenge to the validity of the Zoning Ordinance or Map, specify all appropriate categories:

_____ The Zoning Map of the City of Aliquippa

_____ The Zoning Ordinance of the City of Aliquippa

In the following particulars and for the following reasons:

15. If this application is a unified appeal, specify precisely the Municipal Ordinance and Section(s) or the developmental requirement(s) from which relief is sought and the precise nature of the relief sought:

Section(s) _____ Subsection(s) _____

Requirements:

_____

_____

_____

_____

_____

16. If the application is for some other relief, specify the appropriate section(s) of the Zoning Ordinance and the precise nature of the relief sought:

Section(s)_____ Subsection(s) _____

Relief:

_____

_____

_____

_____

(APPLICANT MUST COMPLETE ALL REMAINING PARAGRAPHS)

17. Applicant has attached hereto and made a part hereof a layout or plot drawn to scale and seven (7) reduced in size copies showing all of the following:

A. The exact size and location of the existing building(s) and accessory uses on the subject lot.

B. The exact size and location of the proposed building(s) and accessory uses on the subject lot.

C. The identity and location of structures and uses on immediately adjacent lots.

D. The identity and location of all immediately abutting streets and roads.

E. An indication of North for orientation and directional purposes.

F. The appropriate variance information.

18. Has any previous application for relief been filed with the Zoning Hearing Board for the subject property which may relate to the present application?

_____ Yes _____ No

If Yes, specify the following details:

Application Number: _____

Nature and character of the previous application:

_____

_____

Date of Zoning Hearing Board decision: _____

Nature and character of the decision on application:

_____

_____

19. Has any part of this matter been submitted to the City of Aliquippa Planning Commission for review and/or approval?

_____Yes _____ No

If Yes, specify the following details:

Date of submittal: _____

Reason for submittal: _____

Commission Action: _____

Date of Commission Action: _____

Applicant has attached copies of all written documentation received from the City of Aliquippa Planning Commission.