ZONING HEARING BOARD APPLICATION

Borough of Oxford

PO Box 380, 1 Octoraro Alley, Oxford, Pennsylvania 19363
Phone: 610-932-2500 ext. 1307 Email: codesadmin@oxfordboro.org Fax: 610-932-8119 **2026**

This application form must be completed and submitted, along with the appropriate fee and attachments, to the Zoning Hearing Board in order that a hearing may be scheduled.
This application is made in accordance with Articles 43 & 44 of the Oxford Borough Zoning Ordinance (Ordinance No. 980-2025).

Type of Application Requested

☐ **Request for Special Exception** ☐ **Request for Variance** ☐ **Appeal from Decision**

- Residential Application $750.00 plus $500.00 escrow
- Non-Profit/Non-Residential Application $750.00 plus $500.00 escrow
- Non-Residential/Commercial Application $1000.00 plus $1000.00 escrow

Applicant/Appellant

Name_____ Address_____
Phone_____ Email_____
Relationship to Owner _____
Applicant Signature _____

Owner

Name_____ Address_____
Phone_____ Email_____
Owner Signature _____

Attorney

Name_____ Address_____
Phone_____ Email_____

Property Information

Address_____ UPI No.: 06 -_____
Zoning District_____ Date Acquired_____
Total Lot Area_____ Dimensions of Lot_____
Present Use_____ Proposed Use_____
Description of Existing Building Structures_____
_____
_____

FOR OFFICIAL USE ONLY

Application No._____

Date Application Received_____

Received By_____

Date of Hearing_____

Fee Amount Paid_____ Check No._____

Proposed Construction

Building Dimensions: Height_____ Width_____ Depth_____
Square Feet: First Floor_____ Second Floor_____ Additional_____
Total Impervious Coverage after Construction_____
Proposed Building Setback: Front_____ Back_____
Side_____ Side_____
Type of Construction Proposed_____
Estimated Cost_____

Contractor Name_____ Address_____
Phone_____ Email_____
Architect Name_____ Address_____
Phone_____ Email_____

Nature of Application

This proceeding is based on the Oxford Borough Zoning Ordinance:
No._____
Section(s)_____
Subsection(s)_____
Interest of Applicant/Appellant in Property_____
_____

Statement of Relief Sought/Reason for Application or Appeal_____
_____

Statement of Grounds for Application or Appeal_____
_____

Additional Comments_____
_____
_____

The current application fee to cover hearing cost must accompany this Application or appeal.
(make checks payable to ***Oxford Borough***).

I understand the Zoning Hearing Board shall have the right to assess any additional costs incurred by this Application or Appeal.

As needed, the following items are attached hereto for the Zoning Hearing Board of Oxford Borough:

- ☐ A copy of the deed to premises described herein.
- ☐ A copy of the legal description of the premises described herein if different from the deed description.
- ☐ A copy of the Site Plan, Plot Plan or Survey depicting the entire property effected by the Application, the existing buildings, improvements, and structures located on such property and any new buildings, improvements or structures proposed to be constructed or erected on such property.
- ☐ A copy of the original Application (if any) made to the Zoning Officer
- ☐A copy of the Order of Decision appealed from.

COMMONWEALTH OF PENNSYLVANIA)

SS:

COUNTY OF CHESTER)

AFFIDAVIT

_____ being

duly sworn according to law, deposes and says that he/she is the Applicant or Appellant herein (or that he/she is one of the Applicants or Appellants herein and is authorized to make this Affidavit on behalf of all the Applicants or Appellants here), (or that he/she is an officer, employee or agent of the Corporate Applicant or Appellant herein and as such officer, employee or agent of such Corporate Applicant or Appellant he/she is authorized to make this Affidavit on its behalf), and the facts set forth herein are true and correct to the best of his/her knowledge, information and belief.

_____ (SEAL)
Applicant or Appellant

Sworn to and subscribed before me this _____ day of _____, 20____

_____
Notary Public