

DATE OF SUBMISSION: _____

HARB APPROVAL FEE: \$500 (paid when applying
for Permits, not with this
Form; Fee may not apply.)

OFFICIAL FILING DATE: _____

LOT/BLOCK NO.: _____

(Municipal Use Only)

BOROUGH OF SEWICKLEY HEIGHTS
SUBMISSION FOR HARB APPROVAL PRIOR TO PERMIT APPLICATION

1. Full Name of Applicant: _____

Address of Applicant: _____

Name of Contact Person: _____ E-mail of Contact Person: _____

Telephone No. of Contact Person: _____ (Office) _____ (Cell)

2. Full Name of Landowner (if different from Applicant): _____

Address of Landowner: _____

Telephone No.: _____ (Office) _____ (Cell) E-mail: _____

3. Name of Agent or Attorney (if any): _____

Address of Agent or Attorney: _____

Telephone No.: _____ (Office) _____ (Cell) E-mail: _____

4. Name of General Contractor (if different from Applicant): _____

Address of General Contractor: _____

Name of Contact Person: _____ E-mail of Contact Person: _____

Telephone No. of Contact Person: _____ (Office) _____ (Cell)

5. Name of Registered Engineer, Surveyor, or Landscape Architect (if any): _____

Address of Engineer, Surveyor, Architect: _____

Name of Contact Person: _____ E-mail of Contact Person: _____

Telephone No. of Contact Person: _____ (Office) _____ (Cell)

6. Brief Description of Proposed Work, including Purpose: _____

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7. Property Information: Address: _____

Character Area: ☐ Estate ☐ Farm

Plan/Deed Book, Volume, Page No.: _____

(Attach Copy of Plan and/or Deed, as applicable)

Zoning District: _____ Total Acreage of Lot: _____

Lot Type(s): Equestrian Preserve/Meadow Preserve/Woodland Preserve/Hamlet/Mixed Element/Cottage/
Townhouse-Condo/Cluster/ Corner/Interior/Nonconforming (circle all that apply)

Existing/Proposed Water Service: _____ Existing/Proposed Sewage Service: _____

Is the Property or Building located in a Historic District? ☐ Yes, Property is in the A Zoning District

☐ Yes, Building is owned by Allegheny Country Club

☐ No, Property is in the C, D, or E Zoning District

(If the Property or Building is located in a Historic District, a Certificate of Appropriateness must be recommended by HARB and issued by Borough Council prior to application for Permits and issuance by the Zoning Officer.)

8. Project Information: Anticipated Start Date: _____ Anticipated Completion Date: _____

Type of Work: ☐ Construction ☐ Alteration ☐ Restoration ☐ Reconstruction ☐ Repair ☐ Demolition ☐ Other

If Project is to be completed in sections or stages, describe: _____

Total Area to be Disturbed (acres/square feet): _____ Estimated Construction Costs (in dollars): _____

If this Project will result in any increase in Impervious Surface or Building Coverage, complete the following:

Current Lot Coverage: _____ Lot Depth: _____ Lot Width: _____

Current Building Coverage: _____ Current Building Footprint: _____

Current Building Setbacks: Front: _____ Rear: _____ L.Side: _____ R.Side: _____

9. Submit two (2) paper sets and one (1) electronic copy of the following, as applicable (consult with Zoning Officer):

_____ Location Map _____ Site Sketch/Survey _____ Pattern Book Compliance Checklist

_____ Photographs _____ Material Samples _____ Building/Structure Drawings

10. Attendance at HARB Meeting and Submission of Materials: The Applicant and/or the Applicant's professional consultants must attend the HARB meeting at which the project will be considered. If there is no representation, the project will not be considered. Applicants requiring a Certificate of Appropriateness must submit materials to the Zoning Officer at least three weeks in advance of the HARB meeting to allow adequate time for public notice. Consult the Schedule of HARB Meeting Dates.

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NOTICE: The Submission for HARB Approval shall not be deemed filed until this form is fully completed and all necessary information and materials are submitted, as determined by the Borough's Zoning Officer. The date the Borough receives the initial submission, as noted above, should not be construed as the Applicant's filing date.

By execution hereof, the undersigned hereby certifies that the statements made herein are true and correct to the best of his/her knowledge and belief.

SIGNATURE OF APPLICANT*: _____ Date: _____

Print Name: _____

**If the Applicant is not the Landowner, attach an affidavit of the Landowner (i) authorizing the Applicant to act on behalf of the Landowner, and (ii) approving this Application. If the Applicant is a prospective purchaser of the Property, attach a copy of the sales agreement.*