NEW SEWICKLEY TOWNSHIP

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Board of Supervisors
Martin Bonzo, Chairman
Mike Phipps, Vice-Chairman
Doug Martin
Fritz Retsch
Steve Spade

ZONING HEARING BOARD APPLICATION

ATTN: NEW SEWICKLEY TOWNSHIP ZONING HEARING BOARD **CASE NO. _____**
233 MILLER ROAD
ROCHESTER, PA 15074

NATURE OF APPLICATION:

_____ APPEAL FROM DECISION OF ZONING OFFICER

_____ VARIANCE

_____ SPECIAL EXCEPTION

_____ OTHER: _____

(APPLICANT IS REQUIRED TO COMPLETE THE FOLLOWING)

1. Name of Property Owner(s): _____

2. Authorized Agent(s) of Owner(s): _____

3a. Address of Owner(s):

_____

_____

Phone No. _____

Email _____

3b. Address of Agent(s):

_____

_____

Phone No. _____

Email _____

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

Date of Deed to Present Owners: Volume _____ Page _____
(Attach photocopy of current deed)

5._____Applicant certifies that Applicant is the owner of the property.

_____ Applicant certifies the Applicant is ***not*** the owner but has a proprietary interest. 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. Tax Parcel Number: _____

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8. Zoning District:

_____ Residential Agricultural (RA)
_____ Mixed Density Residential (MDR)
_____ Traditional Neighborhood (TN)
_____ General Commercial (GC)
_____ Light Industrial (LI)

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

If yes:

Name of Subdivision: _____

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

Subdivision is filed Plan Book Volume: _____, Page: _____

10a. If the application is an appeal from a Zoning Officer decision:

Disapproval of the following permit:

_____Building Permit Application No. _____

_____Occupancy Permit Application No. _____

_____Zoning Permit Application No. _____

_____Temporary Permit Application No. _____

_____Sign Permit Application No. _____

_____Other Permit Application No. _____

Date of decision of Zoning Officer _____

10b. If applicable, attach a copy of the entire application for the Permit, including the Zoning Officer's decision. Specify all grounds and reasons why the Zoning Officer's decision is claimed to be in error.

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11. If the Application is for a variance, specify the following:

_____ Dimensional Variance

_____ Use Variance

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

Section(s) _____ Section(s) _____

Section(s) _____ Section(s) _____

Specify the precise relief sought from the requirements of the Zoning Ordinance:

_____

_____

_____

Specify the precise intended purposes for the variance:

_____

_____

_____

Specify the precise nature of the unique hardship upon which your claim is based:

_____

_____

_____

12. If the Application is for a Special Exception, specify all appropriate categories:

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

Section(s) _____

Specify the precise nature of relief requested:

_____

_____

_____

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Specify the precise intended purposes for the Special Exception:

_____

_____

_____

13. Applicant has attached hereto and made a part hereof a layout or plot drawn to scale which includes 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 special exception information.

14. Has any part of this matter been submitted to the the New Sewickley Township Board of Supervisors for review and/or approval? _____ Yes _____ No

If yes, specify the following details:

Date of submittal:_____, 20 _____

Reason for submittal: _____

Supervisor Action: _____

Date of Action: _____

15. Has any Part of this matter been submitted to the New Sewickley Township Planning Commission for review and/or approval? _____ Yes _____ No

If yes, specify the following details:

Date of submittal: _____, 20 _____

Reason for submittal: _____

Commission Action: _____

Date of Commission Action: _____

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16. Applicant/Appellant acknowledges that the fee for consideration of this Application is set by Resolution by the New Sewickley Township Board of Supervisors, Beaver County, Pennsylvania, and agrees to pay the application fee related to the Zoning Hearing Board Application. Applicant/Appellant acknowledges that the application is not complete until the Zoning Officer and/or Township Secretary determines that all required information and exhibits are attached, and that the Application will ***not be filed*** for consideration until it is complete, and all fees are paid.

Applicant/Appellant verifies that the statements made, and the facts set forth in the Application are true and correct to the best of their knowledge, information and belief. Applicant understands that false statements herein are made a crime and made subject to the penalties of the Crimes Code, 18 Pa. C.S.A. 4904, relating to unsworn falsification to authorities.

Dated this_____day of_____20 _____

_____

Applicant (name of Individual)

By: _____
Owner

By: _____
Applicant Name of Partnership*

By: _____
Title of Officer

*Sign if Applicant is agent of owner, attached written authority to act on behalf of owner.

NEW SEWICKLEY TOWNSHIP OFFICE USE ONLY

Log Number: _____ Date Received: _____ Fees Paid: _____