

ZONING HEARING BOARD APPLICATION
MUNICIPALITY OF RESERVE TOWNSHIP
COUNTY OF ALLEGHENY

NAME OF APPLICANT _____
ADDRESS _____ PHONE _____

NAME OF PROPERTY OWNER _____

(If property owner is not the applicant, authorization to act on landowner's behalf must be present with application.)

TYPE OF APPLICATION: (Check one)

- USE BY SPECIAL EXCEPTION VARIANCE
 APPEAL FROM MUNICIPAL ACTION VALIDITY CHALLENGE

CITE ALL APPLICABLE SECTIONS OF ZONING ORDINANCE: _____

DESCRIBE PROPERTY FOR WHICH APPLICATION IS FILED:

LOCATION: _____

ZONING CLASSIFICATION, _____ LOT SIZE _____

PRESENT USE _____ PROPOSED USE _____

APPROXIMATE COST OF PROPOSED WORK. _____

EXISTING IMPROVEMENTS OF THE LAND _____

JUSTIFICATION FOR REQUEST: (Please include grounds for appeal, and if physical hardship is claimed as basis for variance, state specific hardship.)

HAS A PREVIOUS APPLICATION BEEN FILED WITH THE BOARD FOR THIS PROPERTY? _____

PLEASE PROVIDE THE NAMES AND ADDRESSES OF OWNERS OF PROPERTY WITHIN 200 FEET FROM THE EXTERIOR LIMITS OF THE PROPERTY FOR WHICH THIS APPLICATION IS FILED AS SHOWN ON THE LATEST ASSESSMENT ROLLS OF THE COUNTY OF ALLEGHENY.

NAME

ADDRESS

_____	_____
_____	_____
_____	_____
_____	_____

(Attach a separate sheet if additional space is needed)

NOTE: This application must be notarized and filed to the Zoning Hearing Board at 33 Lonsdale Street Pittsburgh PA 15212, within 30 days of determination. Required fee must accompany this application..

COMMONWEALTH OF PENNSYLVANIA
COUNTY OF ALLEGHENY

I, _____, hereby depose and say that all of the above statements and statements contained in the papers submitted herewith are true to the best of my knowledge and belief.

Signature: _____

Address: _____

Subscribed and sworn to before me this _____ day of _____, 20____

Notary Public

Commission Expires: _____ -

OFFICIAL USE ONLY

Filed with the Zoning Hearing Board on _____, 20 ____

FEES: Hearing Request Fee Paid: (\$500) _____ Date: _____

One Half Appearance Fee of Court Stenographer Paid: \$ _____

Additional Engineer and Solicitor Fees: \$ _____

Original or Copy of Transcript Fee: \$ _____

Date of Hearing is _____ at Reserve Township Municipal Office, at _____ PM

APPEAL NO. _____