

BOROUGH OF SOUTH GREENSBURG
ZONING HEARING BOARD
1515 Poplar Street
South Greensburg, PA 15601-5497
Phone: 724-837-8858

NOTICE OF APPEAL

NAME OF APPLICANT:

_____ Appeal from Decision of the Zoning Officer
Name Special Exception
 Variance

_____ Article Section _____ of the Zoning Ordinance
Address

_____ FEE: \$750.00 plus any and all advertising costs
City State Zip

Phone No: _____

I hereby request that a determination be made by the Zoning Hearing Board on the following appeal, which was denied by the Zoning Officer on _____, 20 , for the reason that it was a matter which in the opinion of the Zoning Officer should properly come before the Board.

Appeal relates to: height setbacks width area use or _____ provisions of the Zoning Ordinance.

The description of the property involved in this appeal is as follows:

Location

Lot Size Zoning District

Present Improvements Upon Land

Present Use

Proposed Use

I believe that the Board should approve this request for the following reason(s) (include the grounds for appeal or reasons both with respect to law and fact for granting the appeal, special exception or variance; and if hardship is claimed, state the specific hardship):

(over)

Has any previous application or appeal been filed in connection with these premises? [] Yes [] No

What is the applicant's interest in the premises affected?

(owner, agent, lessee, etc...)

What is the approximate cost of the work involved?

Note: This application should be filed with the Borough Secretary. A copy of a plot plan of the real property to be affected, indicating the location and size of the lot and size of improvements thereof and proposed to be erected thereon, must be attached to this application. If more space is required, attach a separate sheet to this application and make specific reference to the question being answered.

CERTIFICATION OF APPLICANT: I hereby certify that all of the above statements and the statements contained in any papers or plans submitted herewith are true to the best of my knowledge and belief.

(signature)

Date _____, 20__ .
