



HOMESTEAD BOROUGH
221 East Seventh Avenue
Homestead, PA 15120
Phone: (412) 461-1340 Fax: (412) 461-4057

ZONING HEARING BOARD APPLICATION

PROPERTY INFORMATION

Property Address: _____ Zoning District: _____ Ward: _____
 Owners Name: _____ Parcel ID: _____ - _____ - _____
 Address: _____ Phone: () _____
 City: _____ State: _____ Zip Code: _____ Fax: () _____

APPLICANT / PROTESTANT INFORMATION

Name: _____
 Address: _____ Phone: () _____
 City: _____ State: _____ Zip Code: _____ Fax: () _____

 Date of Application

 Signature

VARIANCE / EXCEPTION / PROTEST INFORMATION

The owner/applicant requests that a determination be made by the Zoning Hearing Board on the following appeal, which was denied by the Homestead Borough Zoning Officer on _____, 20_____.

A special exception A protest appeal An interpretation A variance to _____ the Homestead Borough Code of Ordinances, Chapter 27- Zoning, Section _____, subsection _____, Section _____, subsection _____ for the following reason(s):

It is a special exception to the ordinance on which the Zoning Hearing Board is required to approve if the conditions are met.

It is an appeal for the interpretation of the ordinance or zoning map.

It is a request for a variance relating to the area frontage yard height dimensional use or

The description of the property in this application is as follows:

Present improvement on lot: _____ Lot size: _____ square feet

Current or former use: _____

Proposed use: _____

I / we believe that the Zoning Hearing Board should approve this request because: (Include the grounds for the appeal or reasons with respect to law and fact for granting the appeal, special exception or variance, and/or if hardship is claimed, state the specific hardship)

Has any previous application or appeal been filed in connection with these premises? No Yes- please list dates and results:

What is the applicant's interest in the premises affected? Owner Agent Lessee Other - _____

STATEMENT OF TRUTH
COMMONWEALTH OF PENNSYLVANIA COUNTY OF ALLEGHENY

Deponent, being duly sworn, says they are the:

Owner of record of the property for which this application is made, and that all the statements and data furnished with this application are true and correct.

Authorized agent for the owner of record of the property for which this application is made and as such has express authority to bind such owner to all terms and conditions of any occupancy permit issued pursuant to this application, and that all statements and data furnished with this application are true and correct.

Sworn to and subscribed before me this _____ day of _____ 20_____.

 Notary Public

 Applicant (signature)

 Applicant (printed)

ABUTTING PROPERTY OWNERS

The following are the names and addresses of owners of property who directly abut and/or are across the right-of-way of the property involved in this appeal. All information should be obtained from the latest assessment information from the Allegheny County Real Estate Division web site: <http://www2.county.allegheny.pa.us/RealEstate/Search.aspx>

Name	Address

DIRECTIONS FOR FILING

Six (6) collated sets of this application and all other pertinent information (survey, site plan, drawings, photographs, etc) are required to be submitted to the Building Inspection/Zoning Department **twenty-one (21)** days prior to the Zoning Hearing Board meeting. Any information left blank on this application will result in your application being denied and returned to the applicant. If more space is required, attach a separate sheet to each copy of this application and make specific reference to the question being answered. Please note that the fee must be paid with your application.

FILING FEES

APPEALS, APPLICATIONS OR PETITIONS TO THE ZONING HEARING BOARD

Variances	\$1,200.00
Use by Special Exception	\$1,200.00
Validity Charges	\$1,200.00
All Other Appeals	\$1,200.00

Please note that the cost of stenographer's appearance fee will be shared equally by the applicant and Borough. The original transcript can be purchased for an additional charge by the party who requests a copy.

(DO NOT WRITE BELOW THIS LINE - BOROUGH USE ONLY)

Fee: \$ _____

Application accepted: _____ Date: _____
 Homestead Borough Zoning Officer

Zoning Hearing Board Appeal No.		Invoice Number	
Public Hearing Date		Check Number	
Date Hearing Advertised			
Date agenda mailed to abutting property owners		Date Property Posted	