



**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	\$1,300.00
Use by Special Exception	\$1,300.00
Validity Charges	\$1,300.00
All Other Appeals	\$1,300.00

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	