Borough of Ben Avon

Name of all applicants: _____

Filing as: ☐ Owner ☐ Agent ☐ Tenant

Phone Number: _____ Cell Number: _____

Mailing Address: _____

Email Address: _____

I/we request that a determination be made by the Zoning Hearing Board on the following:

☐ substantive or ☐ procedural challenge to the zoning ordinance

☐ appeal from an action by a Borough official:

Action: _____ Date: _____

Official: _____ (attach copy)

☐ special exception (specify) _____

☐ variance (specify) _____

☐ other (specify) _____

Relating to Article _____ Section _____ of the Zoning Ordinance (include all other relevant provisions)

The property involved is described as follows (please be specific):

Property address: _____

Lot size: _____ Present use: _____ Zoning dist: _____

Present improvements on land: _____

Proposed use: _____

Proposed improvements: _____

The Board should approve this request because (include the grounds for the appeal or request both with regard to law and fact, being as specific as possible; if a hardship is claimed, please state the hardship specifically):

_____

_____

_____

_____

_____

Has any previous application or appeal been filed with regard to these premises? Yes _____ No _____

If yes, provide all details: _____

_____

What is the approximate cost of the work involved: _____

List the names and addresses of owners of property within a distance of 200 feet from the exterior limits of the property involved in this request as shown by the latest assessment roll of Allegheny County:

Name	Address

Procedure: File the original application with the Borough Secretary and a copy with the Building Inspector or Zoning Officer. The application shall be accompanied by a plot plan of the property, to scale, showing the lot boundaries, the location and size of all improvements now erected to proposed to be erected, all other changes requested, together with any additional information required by the Zoning Hearing Board, or which you feel would assist the Board in making its decision. The application shall also be accompanied by a non-refundable filing fee of *$450.00*. This shall be applied to the total costs of the appeal including advertising, notice, court reporter and all costs. If more space is required for this application, please attach additional sheets, making specific reference to the question being answered.

Under penalties of 18 Pa.C.S.A section 4904 relating to unsworn falsification to authorities, I/we certify that all of the information set forth in this application, the attached sheets, if any, and the plot plan are true and correct to the best of my/our knowledge and belief.

Date filed: _____ _____

_____

Applicants