TOWNSHIP OF FRAZER

592 Pittsburgh Mills Circle, Frazer Township, PA 15084 Office: 724-274-4202 • Fax: 724-274-4203 • www.frazertownship.net

ZONING HEARING BOARD APPLICATION

AP	PLICANT/OWNER:	AGENT/REPRESENTATIVE:		
Na	me:	Name:		
Address:		Address:		
	y:	City:		
Sta	te: Zip:	State: Zip:		
Phone:		Phone:		
Fax	c	Fax:		
Email:		Email:		
I/We hereby request that a determination be made by the Township Zoning Hearing Board on the following requeDescription of the property involved in this Application:Location				
	Property Owner			
	County Parcel No.:	Lot Size:		
	Present Use:	Zoning District:		
	Proposed Use/Improvements:			
	Approximate cost of work involved:			
2.	Provision(s) of the Zoning Ordinance at Issue:			
3.	Type of Appeal/Request (Check all that apply): A. () Variance from the provisions of the Zoning Ordinance B. () Appeal from Zoning Officer Determination (i.e. denial of permit) C. () Nonconforming Use Expansion D. () Special Exception Approval E. () Substantive Challenge to the Validity of a Land Use Ordinance F. () Other (explain)			

	(Type)	(Date)	(Dispos	ition)
Reas	son for Appeal/Request: De	escription of Proposal		
A.	() A Variance from the Z	oning Ordinance is requeste	ed as follows:	
		Use Variance	Dimensional Va	nriance
	(MPC), which are summariz required criteria.	rove the criteria referenced in zed below. The Applicant sho established from unique physical con	ould review the MPC for th	ne specific terminology of the
	(2) Due to these unique phy with the Zoning Ordinan	esical conditions of the propertice conditions of the propertice and the variance is necessarily was not created by the applic	ty, the subject property can ry for the reasonable use of t	not be developed in conformity
	(4) The requested variance with development or use of	will not alter the essential char of adjacent property, nor be det to the minimum necessary to aff	acter of the district/neighbor rimental to the public welfar	
	- -	Officer Determination is requ	-	
C.	() Nonconforming Use E	xpansion is requested as fol	lows:	
D.	() Special Exception App	proval is requested as follow	's:	
E.	() Substantive Challenge	to the Validity of a Land Us	se Ordinance is requested	as follows:
F.	() Other:			
resp		approve this request becauting the appeal, variance, or et if necessary)):		

7.	Have you applied for a building permi	it? Yes	(Date) No	If no, why not:
8.	What is applicant's interest in property	y affected (O	wner, Agent, Lesse	e, Etc.)?	
9.	Provide the names and addresses of t property or properties affected by this County (attach additional sheets if nec	request, as s			
	a	b		c	
	d			_	
	OTE: As part of this Application, the	Applicant m			
1. 2. 3. 4. 5. 6.	Seven (7) copies of the completed App the Application. A survey or scaled-drawing of the pro- size of the subject lot, the size of impro- changes desired, together with any oth A copy of the deed, lease, sales agreen A map showing information required to The Application Fee/Deposit, as set from An application for special exception application for special exception application. A land development plan, as defined b. A written statement showing come Zoning Ordinance for the special of the complete study, and Land Development Ordinance	operty affecte ovements now her information ment or other by Item 9 above from time to ti pproval must ned by the To apliance with exception. of if required to e.	d. This survey or so we erected and proposed for required by the Experiment of the E	caled-drawing sed to be erected and. oplicant's interpolation of Supplicant of Supplication of	must show the location and ed, the proposed use or other est in the subject property. Dervisors. The analysis of the Township are or Township Subdivision
unl	incomplete Application will be retur less or until the appropriate application	on fee/depos	sit is paid in full.		
	y and all documents or drawings su nensions (no free-hand drawings will			eview must b	e to reasonably accurate
aut	We hereby certify that I/we are the Owner horized agent for such Owner(s), and the rue and correct to the best of my knowledge.	hat the inforn	nation provided on		
Ap	plicant/Agent Signature:				_ Date:
	Name:				-
	Title:				_

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OFFICE USE ONLY

Date Filed:	Township File No.:		
Application Fee Paid:	Date Fee Paid:		
Date Advertised:	Date Property Posted:		
Date Township Building Posted:	Date Notices Sent to Interested Parties:		
Date of Hearing:	Board Decision:		