

New Beaver Borough  
Appeal to the Zoning Hearing Board

Page 1 of 4

TO THE NEW BEAVER BOROUGH ZONING HEARING BOARD

- ( ) VARIANCE
- ( ) SPECIAL EXCEPTION
- ( ) APPEAL FROM DETERMINATION OF ZONING OFFICER
- ( ) CHALLENGE TO VALIDITY OF ZONING ORDINANCE OR MAP

NO APPLICATION SHALL BE OFFICIALLY RECEIVED UNLESS ALL OF THE FOLLOWING CONDITIONS ARE MET:

- a. All required portions of the application must be completed.
- b. The application must be signed.
- c. All required attachments must be provided.
- d. The required filing fee must be paid.

**ALL APPLICANTS MUST COMPLETE ITEMS 1 THROUGH 10.**

1. Owner of the premises \_\_\_\_\_
2. Address of Owner \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone (\_\_\_\_) \_\_\_\_\_
3. If Applicant is not the owner, but an agent of the owner provide the name and address of the agent.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone (\_\_\_\_) \_\_\_\_\_
4. Location/Address of the premises \_\_\_\_\_
5. If premises are in a recorded subdivision, state the following:  
Name of Subdivision \_\_\_\_\_  
Lot Number \_\_\_\_\_  
The Subdivision is filed of record in County Plan Book \_\_\_\_\_ Page \_\_\_\_\_
6. The subject real estate was conveyed to the above named Owner by deed of \_\_\_\_\_ dated \_\_\_\_\_  
and appearing of record in County Deed Book \_\_\_\_\_ page \_\_\_\_\_
7. The zoning district of the subject premises is \_\_\_\_\_

Appeal to the Zoning Hearing Board, New Beaver Borough

8. If the relief requested contemplates construction of a building or other improvements on the subject real estate, please specify the estimated market value of such improvement.  
\$ \_\_\_\_\_.
9. Has any previous application for relief been filed with the Zoning Hearing Board which may relate to this application? ( )Yes ( )No. If so state the date that the building permit was denied.  
\_\_\_\_\_.
10. Has application for a building permit been made for the subject premises and denied?  
( )Yes ( )No.

**A COPY OF THE DEED MUST BE ATTACHED TO THIS APPLICATION.**

**A MAP OF THE SUBJECT PARCEL MUST BE ATTACHED TO THIS APPLICATION SHOWING ABUTTING STREETS AND ROADS. PRESENT AND PROPOSED IMPROVEMENTS.**

**COMPLETE 11 ONLY IF A SPECIAL EXCEPTION OR VARIANCE IS REQUESTED**

11. Pursuant to the provisions of the Pennsylvania Municipalities Planning Code and the Provisions, conditions, and limitations of the Zoning Ordinance, application is made:  
( ) for a **special exception**, as permitted by Section (s) \_\_\_\_\_  
( ) for a **variance** from the provisions of Section(s) \_\_\_\_\_

If a **special exception**, briefly describe what you intend to do on the subject property

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If a **variance** is requested from dimensional requirements, specify the precise relief requested.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If a **variance**, state the nature of the unique hardship upon which your claim is based \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Appeal to the Zoning Hearing Board, New Beaver Borough

**COMPLETE 12 IF YOU ARE APPEALING AN INTERPRETATION OF THE ORDINANCE BY THE ZONING OFFICER.**

12. If this is an appeal from an interpretation or application of the Zoning Ordinance by the Zoning Officer, please specify the nature of the appeal. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

**COMPLETE 13 IF YOU ARE MAKING A CHALLENGE TO THE VALIDITY OF THE ZONING MAP OR THE ZONING ORDINANCE TEXT**

13. Pursuant to the provisions of Section 910 of the Pennsylvania Municipalities Planning Code, challenge is herewith made to the validity of:

- ( ) The Zoning Map
- ( ) The Zoning Ordinance Text

The basis for this challenge is as follows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Appeal to the Zoning Hearing Board, New Beaver Borough

**APPLICANT HEREBY CERTIFIES THAT THE STATEMENTS MADE HEREIN AND THE REPRESENTATIONS CONTAINED IN ALL ACCOMPANYING MATTER MADE PART OF THIS APPLICATION ARE TRUE AND CORRECT**

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
(Print name)

**COMPLETE ONLY IF APPLICANT IS A CORPORATION, LLC OR PARTNERSHIP**

Name of Entity \_\_\_\_\_

By \_\_\_\_\_  
Signature and title of officer or partner

Print \_\_\_\_\_

Secretary \_\_\_\_\_