

**TOWNSHIP OF CRESCENT, ALLEGHENY COUNTY
ZONING HEARING BOARD APPLICATION**

TYPE OF APPLICATION:

VARIANCE USE BY SPECIAL EXCEPTION
 APPEAL FROM DECISION OF ZONING OFFICER VALIDITY CHALLENGE
 OTHER _____ CONDITIONAL USE

(Please specify)

LOCATION OF PROPERTY _____
COUNTY ASSESSOR'S LOT AND BLOCK NUMBER FOR PROPERTY _____
ZONING CLASSIFICATION _____ PRESENT USE OF PROPERTY _____
EXISTING IMPROVEMENTS ON PROPERTY _____
PROPOSED USE AND/OR IMPROVEMENTS ON PROPERTY _____
APPROXIMATE COST OF PROPOSED IMPROVEMENTS \$ _____

LANDOWNER'S NAME _____
LANDOWNER'S ADDRESS _____
LANDOWNER'S PHONE NUMBER _____ Landowner's Email: _____

APPLICANT'S NAME _____ Applicant's Email: _____
(If different from landowner)
APPLICANT'S ADDRESS _____
APPLICANT'S PHONE NUMBER _____

IF APPLICANT IS NOT LANDOWNER, EVIDENCE OF AUTHORIZATION TO ACT ON BEHALF OF LANDOWNER
 ATTACHED NOT APPLICABLE

APPLICABLE SECTIONS OF TOWNSHIP ZONING ORDINANCE UNDER WHICH THE APPLICATION IS FILED:

REASONS ZONING HEARING BOARD SHOULD GRANT REQUEST: (Attach additional sheet, if necessary)

HAS ANY PREVIOUS APPLICATION BEEN FILED WITH THE BOARD FOR THE PROPERTY?
 YES NO IF YES, GIVE DATE AND NATURE OF APPLICATION:

CONTENT OF APPLICATION:

PLOT PLAN OF PROPERTY
 LIST OF NAMES AND ADDRESSES OF PROPERTY OWNERS WITHIN 300 FEET OF ENTIRE PERIMETER OF PROPERTY (INCLUDING ACROSS THE STREET) FROM LATEST ASSESSMENT ROLL OF ALLEGHENY COUNTY
 EVIDENCE OF OWNERSHIP OF PROPERTY

NON-REFUNDABLE APPLICATION FILING: FEE: \$ 1500.00 DATE _____ PAID _____ CHECK # _____

I, _____, hereby depose and say that all the above statements and the statements contained in the materials submitted herewith are true and that I understand that I must abide by all applicable Township Ordinances.

SIGNATURE OF APPLICANT: _____

DATE: _____

APPEAL NO. _____ HEARING DATE: _____ DATE OF DECISION: _____