

HARVEYS LAKE BOROUGH ZONING HEARING BOARD APPLICATION FOR ZONING APPEAL

1. NAME, ADDRESS AND PHONE NUMBER OF APPLICANT:

2. NAME, ADDRESS AND PHONE NUMBER OF OWNER, IF THE APPLICANT IS NOT THE OWNER OF THE SUBJECT PROPERTY:

3. THE ADDRESS AND ZONING DISTRICT IN WHICH THE SUBJECT PROPERTY IS LOCATED:

4. DESCRIBE PRESENT USE OF LAND AND/OR STRUCTURE(S):

5. DESCRIBE PROPOSED USE OF LAND AND/OR STRUCTURE(S):

6. TYPE OF APPEAL:

- ☐ A VARIANCE PER SECTION 1509 OF THE ZONING ORDINANCE.
- ☐ A SPECIAL EXCEPTION PER SECTION 1510 OF ZONING ORDINANCE.
- ☐ A REVTFW OF THE DECISION OF THE ZONING OFFICER PER SECTION 1508, SUBSECTIONS (C), (D), and/or (G).
- ☐ A VALIDITY CHALLENGE BASED UPON SUBSTANTIVE GROUNDS PER SECTION 1508, SUBSECTION (A).
- ☐ A VALIDITY CHALLENGE BASED UPON PROCEDURAL GROUNDS PER SECTION 1508, SUBSECTION (B).

BASED UPON THE ABOVE INDICATED ITEMS,
SPECIFICALLY STATE THE NATURE OF YOUR REQUEST,
APPEAL AND/OR CHALLENGE TO THE ZONING HEARING
BOARD; ATTACH ADDITIONAL SHEETS IF NECESSARY

7. A COPY OF YOR APPLICATION FOR A ZONING PERMIT AND/OR NOTICE OF A ZONING VIOLATION (*IF APPLICABLE*) AND ANY RELATED INFORMATION FROM ZONING OFFICER MUST ACCOMPANY THIS APPLICATION.
8. SPECIFICALLY STATE THE GROUNDS BASED UPON THE ZONING ORDINANCE AND/OR ANY OTHER RELATED OR APPROPRIATE GROUNDS WHICH CAN SUPPORT AND/OR SUBSTANTIATE THE REQUEST, APPEAL AND/OR CHALLENGE CONTAINED IN THIS APPLICATION.
ATTACH ADDITIONAL SHEETS IF NECESSARY.
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Is the applicant/owner represented by an attorney: Yes__ N:__

Name of Attorney (if applicable): _____

THE FOLLOWING INFORMATION IS REQUIRED TO PROCESS THIS APPLICATION. PLEASE SUPPLY ALL INFORMATION IN DETAIL

FAILURE TO SUBMIT THE FOLLOWING INFORMATION WILL RESULT IN DELAY OF YOUR HEARING.

List the names and addresses of all property owners within 100 feet of the property or structure in question: Use additional paper if necessary.

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

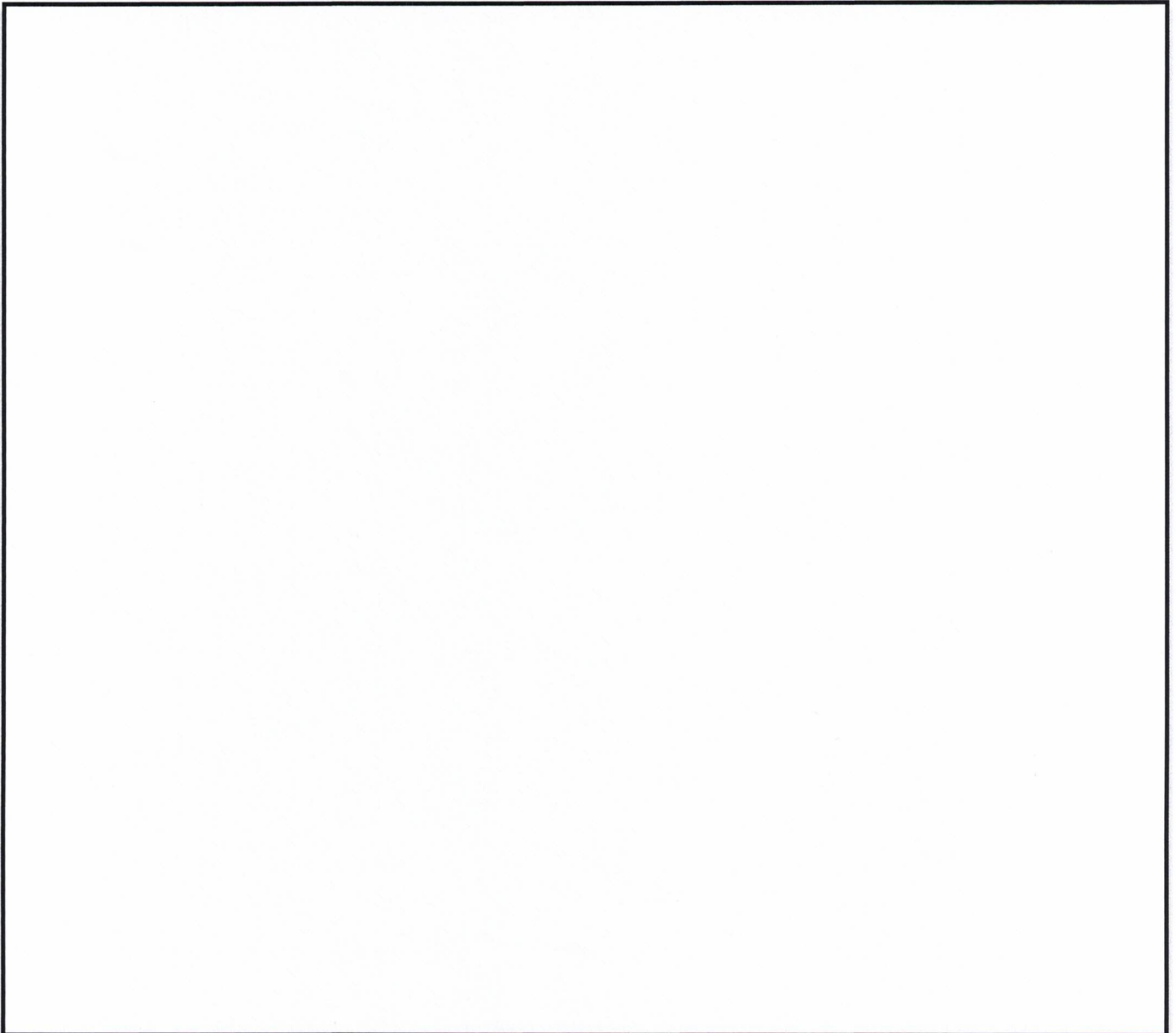
Name: _____

Address: _____

Name: _____

Address: _____

Indicate North on Map



ZONING SETBACKS

Harvey's Lake Borough strongly recommends that the applicant verify the accuracy of the of the correct location of this structure in regards to the zoning setback requirements applicable to this lot. Accuracy of building setbacks is the sole responsibility of the applicant, and the applicant accepts all risks associated with any inaccurate information contained in the review process provided by the applicant.

PLEASE SUBMIT A CHECK OR MONEY ORDER IN THE AMOUNT OF \$1,250.00
MADE PAYABLE TO HARVEYS LAKE BOROUGH.

I hereby certify that the statements and information contained herein are true and correct to the best of my knowledge and belief. I understand that if I knowingly make any false statements, I am subject to such penalties as may be prescribed by law and ordinance.

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF OWNER

DATE

The owner's signature is required. Failure to provide owner's signature will result in you application being deemed incomplete and it will be returned to you.

FOR BOROUGH USE ONLY

- A. Zoning Permit Application Number: _____
- B. Date of Written Request. for Hearing: _____
- C. Publication Dates of Public Notice: _____
- D. Date of Hearing: _____
- E. Decision of Board: _____
- F. Date Decision Rendered: _____
- _____