

EDWARDSVILLE BOROUGH
LUZERNE COUNTY, PENNSYLVANIA

ZONING APPEAL APPLICATION

1. Applicant's name, address and contact number:

(_____) _____ - _____

2. Landowner's name, address and contact number, if different than applicant:

(_____) _____ - _____

3. Name, address, and contact number of attorney or representative, if any:

4. Applicant's interest in the land that is the subject of this appeal:

___ Owner of Record (***attach a copy of the deed***)

___ Tenant (***attach a copy of the lease agreement***)

___ Equitable Owner (***attach a copy of the option or purchase Agreement or other supporting documents***)

___ Other: _____

5. Address and location of the land that is the subject of this appeal:

6. The land is located in the following zoning district(s): _____

7. The present use of the land is: _____

8. The proposed use of the land is: _____

9. Type of Appeal (check the applicable request(s) below):

Variance under Section 1409 of the Zoning Ordinance

Special exception under Section 1410 of the Zoning Ordinance

Conditional Use under Article 7 of the Zoning Ordinance

Appeal from the determination of the Zoning Officer, including, but not limited to the granting or denial of a zoning permit, or the failure to act on the application, the issuance of a cease or desist order or enforcement notice, or the registration or refusal to register a nonconforming use, structure or lot

Other: _____

10. Please explain the nature of your appeal:

11. Please state the reasons you believe your appeal should be granted citing the applicable sections of the Zoning Ordinance and other supporting authority:

BY SIGNING BELOW, I VERIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION AND ANY DOCUMENTS REFERENCED OR ATTACHED ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF. I UNDERSTAND THAT FALSE STATEMENTS ARE MADE SUBJECT TO THE PENALTIES OF 18 PA.C.S.A SECTION 4904 RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES.

SIGNATURE OF APPLICANT

DATE

IF APPLICANT IS NOT THE LANDOWNER, THE LANDOWNER MUST ALSO SIGN THIS APPLICATION IN ORDER FOR THE APPLICANT TO HAVE STANDING BEFORE THE ZONING HEARING BOARD. THIS MEANS BY SIGNING BELOW, THE LANDOWNER (IF NOT PRESENT AT THE HEARING) AUTHORIZES THE APPLICANT TO APPEAR AND PRESENT THIS APPEAL TO THE ZONING HEARING BOARD.

SIGNATURE OF LANDOWNER

DATE

OFFICIAL USE ONLY

CASE NUMBER: _____

DATE RECEIVED: _____

RECEIVED BY: _____

FEE PAID: \$ _____ CHECK NO. _____

HEARING DATE: _____ POSTING DATE: _____

PUBLICATION DATES: _____ NEWSPAPER: _____