

Application for Zoning Hearing Board Appeal

Conneaut Lake Borough – Crawford Co.

Date Filed _____

Appeal No. _____

_____ of _____
(Name) (Mailing Address)

_____ (Home phone #) _____ (Work #) _____ (Cell #)

Requests that a determination be made by the Zoning Hearing Board on the following appeal, which was denied by the Zoning Officer on _____, for the reason that it was a matter which in the opinion of the Zoning Officer should properly come before the Board based on Section _____, Subsection _____, Paragraph _____ of the Conneaut Lake Borough Zoning Ordinance.

Reason for appeal: _____ Interpretation of the Conneaut Lake Borough Zoning Ordinance or Zoning Map
_____ Special exception to the Zoning Ordinance on which the Zoning Hearing Board is required to rule on.
_____ Variance relating to _____ Area, _____ Height, _____ Use, _____ Yard
(if Yard, check all that apply: _____ front, _____ side, _____ rear),
_____ Other, explain: _____

REQUIRED INFORMATION:

Location of property subject to this appeal: _____

Assessment Number of Property: _____ Lot Size _____

Zoning District: _____

Has any appeal been filed in connection with this property prior to this? _____ Yes, _____ No

What is the applicant's interest in the property in this appeal? _____ Owner, _____ Contractor,
_____ Agent _____ Lessee, _____ Legal Council for Owner

If granted, what is the approximate cost of the work involved? \$ _____

Present Use of Land _____ Proposed Use of Land _____

What improvement is being proposed for this property? _____

State the hardship that the present Zoning Ordinance imposes on you in respect to this appeal:

DATES TO REMEMBER:

Cut-off Date: the 20th of the month prior to the scheduled hearing date

Hearing Date: 3rd Tuesday of the month

REQUIRED INFORMATION TO SUBMIT WITH APPLICATION:

Please submit to the Borough Office or Zoning Officer four (4) copies of the survey of property showing the existing property lines and buildings and also the proposed improvements. The survey must also show dimensions perpendicular from existing and proposed buildings to the property lines: front yard, rear yard and both side yards. Please submit survey and any documents supporting the appeal on or before the cut-off date for the respective meeting. Failure to file all documents will result in the appeal request being returned and a delay in the hearing date:

FEE FOR APPLICATION:

The fee for this appeal is _____, nonrefundable after the Cut-off Date as listed above. All fees shall be paid by check, made payable to "Borough of Conneaut Lake". The fee shall be attached to the application upon its filing. In signing this application, the applicant also agrees to share equally with the Borough Township the cost of the appearance of a stenographer, and pay in full all other fees as required in Section 908 (7) of Act No. 247 (P.L. 805) as amended, within 30 days of the receipt of an invoice from Borough of Conneaut Lake.

NOTE: The cost of the stenographer is in addition to the appeal fee. This will be billed to the applicant after the hearing.

POSTING OF PROPERTY:

Prior to the date of the hearing, the Borough will post a notice of appeal on the subject property visible from the street.

SIGNATURE:

I hereby certify that all of the above statements and the statements contained in any and all papers or plans submitted for this requested appeal are true to the best of my knowledge and belief. I also agree to the conditions set forth by the Zoning Hearing Board as contained in this application form and understand that failure to provide the required information or documents could result in delay in the hearing, or denial, of the requested appeal. _____

(Signature of Applicant)

For Office Use Only!

Fee: \$ _____ PAID: Ck#: _____
Cash: \$ _____
DATE: _____

Date of Hearing: _____ Board Notified Applicant Notified Court Reporter Notified

For Zoning Hearing Board Use Only!

Decision: Appeal Granted Date Appeal Denied Date

Signed: _____
Secretary of the Zoning Hearing Board

CONNEAUT LAKE BOROUGH, CRAWFORD COUNTY, PENNSYLVANIA

FORM FOR APPEALS TO
ZONING HEARING BOARD

CASE NO. _____
DATE _____

APPELLANT _____ ADDRESS _____
OWNER _____ ADDRESS _____
LOCATION OF PROPERTY _____

List adjoining property owners and ordinance districts

NOTE: FILL IN SECTION 1, 2, or 3 AS APPROPRIATE. DO NOT FILL IN MORE THAN ONE OF THESE SECTIONS. THIS APPLICATION IS NOT ACCEPTABLE UNLESS ALL REQUIRED STATEMENTS HAVE BEEN MADE. ADDITIONAL INFORMATION MAY BE SUPPLIED ON SEPARATE SHEETS IF THE SPACE PROVIDED IS INADEQUATE.

SECTION 1 APPEAL FROM DECISION OF BUILDING INSPECTOR
Relation to the Enforcement of the Zoning Ordinance

Describe decision of the Zoning Officer from which the appeal is made _____

Provision of the Zoning Ordinance or district boundary in question _____

SECTION 2 APPLICATION FOR A SPECIAL EXCEPTION PERMIT
As specified in the Zoning Ordinance

Provision of the Zoning Ordinance Requiring a Special Exception in this case: _____

Description of proposed use showing justification for a Special Exception _____

SECTION 3 APPLICATION FOR AN ADJUSTMENT
As provided by the Zoning Officer

Provision of the Zoning Ordinance from which an adjustment is requested _____

Peculiar or unusual conditions which justify an adjustment is requested _____

STATUS
ZONING PERMIT NO. _____ DATE _____
DATE THIS APPLICATION FILED _____
NOTICE OF HEARING _____
ADVERTISED ON _____
DATE OF HEARING _____
NOTICE MAILED TO _____

SIGNED _____
APPELLANT _____
DECISION
Application or appeal granted in accordance
denied
with the terms of the following resolution:
Date _____

Secretary
Zoning Hearing Board