

HARMAR TOWNSHIP ZONING HEARING BOARD
Harmar Township Municipal Building
701 Freeport Road | Cheswick, PA 15204

APPLICANT NAME: _____

APPLICANT ADDRESS: _____

TELEPHONE: _____ **EMAIL:** _____

PROPERTY OWNER NAME: _____
(if different from APPLICANT NAME above)

PROPERTY OWNER ADDRESS: _____
(if different from APPLICANT ADDRESS above)

TELEPHONE: _____ **EMAIL:** _____
(if different from APPLICANT TELEPHONE above) (if different from APPLICANT EMAIL above)

I/We hereby request that a determination be made by the Zoning Hearing Board on the following request:

- | | |
|---|---|
| <input type="checkbox"/> Variance from the provisions of the Zoning Ordinance | <input type="checkbox"/> Temporary Use Permit |
| <input type="checkbox"/> Interpretation of the Zoning Ordinance/Map | <input type="checkbox"/> Special Exception |
| <input type="checkbox"/> Procedural Failure | <input type="checkbox"/> Floodplain Processes |
| <input type="checkbox"/> Substantive Challenge | |

Location: _____

Parcel ID#: _____ **Lot Size:** _____

Present Use: _____ **Zoning District:** _____

Present Improvements on the Land: _____

Proposed Use: _____

Approximate Cost of Construction/Proposed Improvements: _____

Provisions of the Harmar Township Zoning Ordinance for Appeal:

_____	_____	_____
Article	Section	Subsection
_____	_____	_____
Article	Section	Subsection
_____	_____	_____
Article	Section	Subsection
_____	_____	_____
Article	Section	Subsection
_____	_____	_____
Article	Section	Subsection

Has a previous Appeal been filed in connection with this parcel/property? Yes No

Reason for Appeal - Unique Physical Circumstances and/or Conditions: _____

NOTE: APPLICANT MUST PROVE THE FOLLOWING:

1. Strict application of current provision would produce unnecessary hardship.
2. The unnecessary hardship is a result of unique physical conditions of the property.
3. The unnecessary hardship was not created by the applicant.
4. The character of the district/neighborhood would not change or be adversely affected.
5. The variance requested is the minimum necessary to afford relief.

Provide names and addresses of owners of properties adjacent to an/or directly across a street from the boundary of the property or properties affected by the Hearing as shown by the latest assessment of Allegheny County accessed via the Allegheny County Real Estate Information Portal at <http://www2.county.allegheny.pa.us/RealEstate/Default.aspx>

_____	_____
ADJACENT PROPERTY OWNER NAME	ADDRESS
_____	_____
ADJACENT PROPERTY OWNER NAME	ADDRESS
_____	_____
ADJACENT PROPERTY OWNER NAME	ADDRESS
_____	_____
ADJACENT PROPERTY OWNER NAME	ADDRESS
_____	_____
ADJACENT PROPERTY OWNER NAME	ADDRESS

As part of this Application, the Applicant must provide seven (7) copies of this request along with seven (7) copies of a survey or scaled-drawing of the property that indicates the location and size of the subject lot, the current conditions (improvements/structures), and the proposed improvements/structures; along with any other information that may be pertinent or required by the Board.

Zoning Hearing Application Fee

I/WE hereby certify that all of the above information is true and correct to the best of my/our knowledge.

APPLICANT SIGNATURE _____

DATE _____

PROPERTY OWNER SIGNATURE _____

DATE _____



OFFICE USE ONLY

Date Filed: _____

Hearing Fee
Amount Date Received

Date of Hearing: _____

Time of Hearing: _____

Dates Advertised: _____

Date Notices Sent: _____

Date of Posting: _____

Date Twp. Bldg. Posted: _____