

COLERAIN TOWNSHIP ZONING HEARING BOARD APPLICATION

\_\_\_\_\_ Request for Variance

\_\_\_\_\_ Special Exception

\_\_\_\_\_ Appeal from Zoning Officer

\_\_\_\_\_ Unified Appeals

\_\_\_\_\_ Challenge the Validity of the Zoning Ordinance or Map

1. Applicant's Name \_\_\_\_\_

Applicant's Mailing Address \_\_\_\_\_

Applicant's Phone \_\_\_\_\_ Email \_\_\_\_\_

2. Landowner Name if not the Applicant \_\_\_\_\_

Landowner Mailing Address \_\_\_\_\_

Landowner Phone \_\_\_\_\_ Email \_\_\_\_\_

3. Street Address of Parcel in Question \_\_\_\_\_

\_\_\_\_\_

If no Street number, parcel number \_\_\_\_\_

Zoning District of Property in Question \_\_\_\_\_

4. If Appeals, what is the error of the Zoning Officer? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Please state the applicable Section(s) of the Zoning Ordinance \_\_\_\_\_

\_\_\_\_\_

6. If Variance/Special Exception, what Variance or Special Exception is requested

\_\_\_\_\_

7. What addition to or improvements in the property do you intend to make under this application, if any?

\_\_\_\_\_

\_\_\_\_\_

8. Please list any other items, appeals, grounds for challenge, etc. on an attached sheet

\_\_\_\_\_ Applicant Signature

\_\_\_\_\_ Date

Zoning Hearing Board Fees: \$ 750.00 per hour plus \$ 4.00 per minute for any additional time over the first hour

INSTRUCTIONS FOR FILLING OUT AND SUBMITTING YOUR APPLICATION

1. PLEASE SUBMIT 9 COPIES OF YOUR APPLICATION AND ALL OTHER DOCUMENTS YOU WILL BE ATTACHING.
2. A CHECK FOR \$ 750.00 PAYABLE TO “COLERAIN TOWNSHIP” MUST BE SUBMITTED WITH YOUR APPLICATION
3. ALL APPLICATIONS MUST BE SUBMITTED BY THE 10<sup>TH</sup> OF THE MONTH TO BE CONSIDERED FOR THE FOLLOWING MONTH.
4. YOU MAY MAIL YOUR APPLICATION OR DROP OFF AT THE TOWNSHIP BUILDING. OUR ADDRESS IS:

1803 KIRKWOOD PIKE  
KIRKWOOD, PA 17536

OFFICE HOURS ARE M-TH 8-4 FRIDAYS WE ARE CLOSED