

APPLICATION FOR ZONING HEARING BOARD

**Bellefonte Borough
236 West Lamb Street
Bellefonte, PA 16823
814-355-1501**

Date: _____

Fee: \$400.00

Applicant: _____

Address: _____

Phone: _____

Owner of Record: _____

Address: _____

Phone: _____

I hereby apply to the Bellefonte Borough Zoning Hearing Board for: (Check those that are applicable)

- Appeal from the determination made by the Zoning Officer.
- Variance from the provisions of the Zoning Ordinance
- Challenge to the validity of the Zoning Ordinance.
- Appeal from the Municipal Engineer or Zoning Officer's determination with reference to any floodplain or flood hazard conditions.
- Other.

Please answer and complete all of the following information before returning to the Borough office.

1. Location of the tract of land _____

2. Centre County Tax Parcel No. _____

3. Current Zoning District _____

4. Requested action or change _____

5. Proposed use of tract of land _____

6. If appeal, variance or conditional use is requested, applicant shall provide signature on application and all submitted documents including but not limited to:

- a. Grounds or basis for appeal, variance or conditional use.
- b. Drawing showing property, size of property, abutting property owners, proposed use location and set back lines.
- c. Other pertinent data.

7. I waive the use of a stenographer at any hearing called by the Zoning Hearing Board to consider the action requested by me.

Yes____ No____ If yes, please sign here: _____

8. My attorney is _____

Contact information:

Address: _____

Email address: _____ Phone: _____

9. I understand that the Pennsylvania Municipal Planning Code provides that the Zoning Hearing Board is required to make a written decision on the action(s) requested by me within forty-five (45) days after hearing. I waive this requirement and give leave to the Zoning Hearing Board to fully consider the action(s) requested by me and permit them to take such time as they may require to reach a decision in my case:

Signature: _____

Waiver approved: _____

(Attorney for applicant, if any. If none, enter "none.")

All facts and information herein stated are true and correct to the best of my knowledge, information and belief.

Respectfully submitted,

(Signature of Applicant)

(Date)