

APPLICATION FOR ZONING HEARING BOARD

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



Application Fee: \$_____ Paid:

Date Received: _____

(Check can be made out to: Bellefonte Borough)

STEP 1: APPLICANT INFORMATION		
Applicant:		
Address:		
Phone:	Email:	
STEP 2: PROPERTY OWNER INFORMATION		
Owner of Record:		
Address:		
Phone:	Email:	
STEP 3: APPLICATION REQUEST (CHECK ALL THOSE THAT APPLY)		
<input type="checkbox"/> Appeal from the determination made by the Zoning Officer.		
<input type="checkbox"/> Variance from the provisions of the Zoning Ordinance.		
<input type="checkbox"/> Challenge to the validity of the Zoning Ordinance.		
<input type="checkbox"/> Appeal from the Municipal Engineer or Zoning Officer's determination with reference to any floodplain or flood hazard conditions.		
<input type="checkbox"/> Other.		
STEP 4: LAND/PARCEL REQUEST INFORMATION		
Location of the tract of land:	Centre County Tax Parcel No.:	Current Zoning District:
Requested action or change:		
Proposed use of tract of land:		

STEP 5: APPLICATION MATERIALS CHECKLIST

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

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

STEP 6: ATTORNEY INFORMATION

My attorney is:

Attorney address:

Phone:

Email:

STEP 7: AGREEMENTS & SIGNATURES

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: _____

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.

Signature of Applicant: _____

Date: _____