

724-446-7202

724-446-7330 FAX

**TOWNSHIP OF SEWICKLEY, WESTMORELAND COUNTY**

2288 Mars Hill Road

Irwin Pa. 15642

**ZONING HEARING BOARD APPLICATION**

**SPECIAL EXCEPTION**

LANDOWNER'S NAME: \_\_\_\_\_ PHONE \_\_\_\_\_

LANDOWNER'S ADDRESS \_\_\_\_\_

**THE DESCRIPTION OF THE PROPERTY INVOLVED IN THE APPEAL IS AS FOLLOWS:**

LOCATION \_\_\_\_\_

COUNTY ASSESSOR'S TAX MAP PARCEL NUMBER FOR PROPERTY 55- \_\_\_\_\_

LOT SIZE \_\_\_\_\_ ZONING CLASSIFICATION \_\_\_\_\_

EXISTING IMPROVEMENTS ON PROPERTY \_\_\_\_\_

PROPOSED USE AND/OR IMPROVEMENTS TO PROPERTY \_\_\_\_\_

APPROXIMATE COST OF PROPOSED IMPROVEMENTS \$ \_\_\_\_\_

APPLICABLE SECTIONS OF THE TOWNSHIP ZONING ORDINANCE UNDER WHICH THE APPLICATION IS FILED:

ARTICLE \_\_\_\_\_ SECTION \_\_\_\_\_ SUBSECTION \_\_\_\_\_ PARAGRAPH \_\_\_\_\_

HAS ANY PREVIOUS APPLICATION BEEN FILED WITH THE BOARD FOR THE PROPERTY?

\_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, GIVE DATE AND NATURE OF APPLICATION: \_\_\_\_\_

CHECK IF APPLICANT IS NOT LANDOWNER

APPLICANT'S NAME: \_\_\_\_\_ PHONE \_\_\_\_\_

APPLICANT'S ADDRESS \_\_\_\_\_ FAX # \_\_\_\_\_

APPLICANT'S EMAIL \_\_\_\_\_

IF APPLICANT IS NOT LANDOWNER, EVIDENCE OF AUTHORIZATION TO ACT ON BEHALF OF LANDOWNER IS ATTACHED. \_\_\_\_\_ LANDOWNER(S) SIGNATURE \_\_\_\_\_  
(YES/NO)

**CONTENT OF APPLICATION:**

\_\_\_\_\_ PLOT PLAN/SURVEY OF PROPERTY

\_\_\_\_\_ LIST OF NAMES AND ADDRESSES OF PROPERTY OWNERS WITHIN 200 FEET OF ENTIRE PERIMETER OF PROPERTY (INCLUDING ACROSS THE STREET) FROM LATEST ASSESSMENT ROLL OF WESTMORELAND COUNTY (LISTED ON THE REVERSE SIDE OF THIS APPLICATION)

\_\_\_\_\_ EVIDENCE OF OWNERSHIP OF PROPERTY (DEED)

\_\_\_\_\_ EVIDENCE OF AUTHORIZATION (IF APPLICABLE)

THE FOLLOWING ARE THE NAMES AND COMPLETE ADDRESSES OF OWNERS OF PROPERTY WITHIN A DISTANCE OF 200 FEET FROM ALL EXTERIOR LOT LINES (FRONT) (REAR) (SIDE). THE PROPERTY INVOLVED IN THE APPEAL AS SHOWN BY THE LATEST ASSESSMENT ROLL OF THE COUNTY OF WESTMORELAND (ADDITIONAL PAGES MAY BE ADDED IF NEEDED)

NAME	STREET ADDRESS	CITY, STATE, ZIP
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	

**SEVEN COPIES OF THE APPLICATION MUST BE FILED. SEVEN COPIES OF THE PROPERTY DEED AND THE PLAN OF REAL ESTATE AFFECTED SHOWING LOCATION AND SIZE OF LOT, THE SIZE OF IMPROVEMENTS NOW ERECTED OR PROPOSED TO BE ERECTED, OR OTHER CHANGE DESIRED, TOGETHER WITH ANY OTHER INFORMATION REQUIRED BY THE BOARD MUST BE ATTACHED TO THE APPLICATION**

**PLEASE NOTE** that, under current Pennsylvania case law, these proceedings before the Zoning Hearing Board may be the only opportunity to present testimony in this case. The courts have ruled that in the event of an appeal from the decision of the Zoning Hearing Board, an additional hearing or other opportunity to give testimony or present other evidence is to be granted only in very limited circumstances. All applicants and other interested parties are strongly urged to seek legal counsel with regard to their claims and interests which may be affected by a decision of the Zoning Hearing Board. Any interested person who fails to attend, testify or present evidence can lose the ability to raise those rights at a later time. The proceedings before the Zoning Hearing Board are generally the only opportunity provided for interested persons to participate in the matters identified in the Application.

GIVE A BRIEF NARRATIVE STATING ALL REASONS WHY THE ZONING HEARING BOARD SHOULD GRANT THE REQUEST:

Lined area for narrative text, including a note at the bottom: (if additional space is needed, continue on back)

I/We, \_\_\_\_\_, hereby depose and say that all the above statements and the information contained in any supplemental documents are true to the best of my knowledge.

Print Name(s)

SIGNATURE OF APPLICANT (S) AS SHOWN ON DEED \_\_\_\_\_

DATE: \_\_\_\_\_

OFFICE USE ONLY box containing fields for APPLICATION FILING FEE (\$200), CHECK #, HEARING DATE, DECISION, and DATE OF DECISION.

