

TOWNSHIP OF SOUTH STRABANE  
550 WASHINGTON ROAD  
WASHINGTON, PA 15301-9622  
PHONE 724/225-9055 FAX 724/225-2035

ZONING HEARING BOARD  
APPLICATION  
NOTICE OF APPEAL

(I)(We) \_\_\_\_\_ of \_\_\_\_\_  
Name Mailing Address

request that a determination be made by the Zoning Hearing Board on the following appeal, which was denied by the Building Inspector on \_\_\_\_\_, for the reason that it was a matter which in the opinion of the Building Inspector should properly come before the Board.

\_\_\_\_\_ An Interpretation \_\_\_\_\_ Special Exception \_\_\_\_\_ Variance is requested to Article \_\_\_\_\_, Section \_\_\_\_\_, Subsection, Paragraph \_\_\_\_\_ of the Zoning Ordinance for the reason that:

\_\_\_\_\_ It is an appeal for an interpretation of the ordinance or map.

\_\_\_\_\_ It is a special exception to the ordinance on which the Zoning Hearing Board is required to pass.

\_\_\_\_\_ It is a request for a variance relating to the area \_\_\_\_\_ frontage \_\_\_\_\_ yard \_\_\_\_\_ height \_\_\_\_\_ use \_\_\_\_\_ or \_\_\_\_\_  
(state, if request is for purpose other than those listed) provisions of the ordinance.

The description of the property involved in this appeal is as follows:

Location: \_\_\_\_\_

Lot Size: \_\_\_\_\_ Present Use: \_\_\_\_\_

Zoning District: \_\_\_\_\_

Present improvements upon land: \_\_\_\_\_

Proposed Use: \_\_\_\_\_

(I)(We) believe that the Board should approve this request because: (include the grounds for appeal or reasons both with respect to law and fact for granting the appeal or special exception or variance, and if hardship is claimed, state the specific hardship)

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Has any previous application or appeal been filed in connection with these premises? Yes \_\_\_\_\_ No \_\_\_\_\_

**What is the applicant's interest in the premises affected (owner, agent, lessee)?**

\_\_\_\_\_

**What is the approximate cost of the work involved?** \_\_\_\_\_

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**Following are the names and addresses of owners of property within a distance of 300 feet from the exterior limits of the property involved in this appeal as shown by the latest assessment roll of the County of Washington.**

NAME	ADDRESS
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**NOTE: Six (6) copies of the plan of real estate affected showing the location and size of lot, the size of improvements now erected or proposed to be erected, or other changes desired, together with any other information required by the Zoning Hearing Board, must be attached to this application.**

**If more space is required, attach a sheet to this application and make specific reference to the question being answered.**

**A check in the amount of \$75.00 must accompany this application.**

**I hereby certify that all of the above statements and the statements contained in any papers or plans submitted herewith are true to the best of my knowledge and belief.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Phone Number**

**Date:** \_\_\_\_\_

**Fee paid:**

**Check No.:** \_\_\_\_\_ **Date:** \_\_\_\_\_

