

BOROUGH OF ROSSLYN FARMS

200 ROSSLYN ROAD CARNEGIE, PENNSYLVANIA 15106 PHONE: 412-279-8108

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Zoning Hearing Board Application

APPLICATION DATE:	ZONING PERMIT NO		
I. APPLICANT INFORMATION			
Applicant Name	Phone Number		
Applicant Address	City	Sate	Zip
Owner Name (If Owner differs from Applicant)	rt)Phone #		one #
II. PROPERTY LOCATION			
Property Address	City	Sate	Zip
Lot & Block #			
E-mail Address			
III. TYPE OF APPLICATION:			
Section of Ordinance appealing			
Cite All Applicable Sections of the Zoning Ordinan	ce:		
☐ Appeal from Municipal Action			
☐ Use by Special Exception			
☐ Variance:			
□ Use			
☐ Height			
☐ Area			
☐ Dimensional Setback			
☐ Validity Challenge			
☐ Curative Amendment			
☐ Other (please explain)			
IV. DESCRIPTION OF PROPERTY DEVELOPMENT	T OR IMPROVEMENT	FOR WHICH APP	EAL IS FILED:
Location:	Approximate Cost	of Proposed Wo	rk:
Zoning Classification:	Lot Size:		
Present Use:	Proposed Use:		
Existing Improvements on the Land:			

Description of Variance / Appeal Requested:	
Justification for Request: (please include grounds f variance, state specific hardship)	for application, and if physical hardship is claimed as basis for
Has a Previous Application been filed with the Boar	d for this property? (If yes, please provide date)
Please provide names & addresses of all adjoining provided as shown on the latest assessment rolls of the	property owners of the property for which this application is county of Allegheny:
1.	
2	
3	
4	
5	
	will not be accepted. Please remit payment with this on of an authorized officer of the company, or copy of a agent is required.
The undersigned hereby represents that, to the besabove is true, correct, and complete; and that all at	st of his/her knowledge, belief that all information listed ttachments contain the required information.
V. APPLICANT SIGNATURE	
Print Name:	
Signature:	Date:
If Applicant differs from Property Owner, please pr	ovide Property Owner authorization:
OR THE ZONING HEARING BOARD EXCEED ONE RETURNED TO THE APPLICANT WITHIN 15 DAYS OF BOARD. (Resolution 2018-08).	DEPOSIT IF THE ACTUAL COSTS INCURRED BY THE BOROUGH THOUSAND DOLLARS. UNUSED DEPOSITED FEES SHALL BE F THE DATE OF THE HEARING BEFORE THE ZONING HEARING any additional information must accompany this application.
Fore	Office Hee Only
rate Application Received:	Office Use Only Date Plot Plan Received:
rate Board Notified:	
ate of Hearing:	
ariance: □ Granted □ NOT Granted Date Zoning Permit Issued:	
Approved By:	Date:
itle·	

Zoning Hearing Board Application Submittal Requirements

st Insufficient information may delay the board's decision of your request st

Have you submitted the following: (please check list)

A detailed description of the requested variance, special exception, validity challenge, or appeal
from municipal action.
A survey, sketch, or plot plan, drawn to scale, for the property which request is being filed.
(Include: owners name, address, size of parcel, location, and direction, etc.)
 Justification for request, including grounds for appeal and specific hardship.
_Authorization to act on property owner's behalf if applicant is not the owner.
- rathorization to det on property owner 3 behan it applicant is not the owner.
 Citation of all applicable sections of the Zoning Ordinance. {(Ex.) sect.604, 4, C, (1), d.}
 Names and addresses of all <u>adjoining</u> property owners.
Any pictures, building plans, or other representation needed in determination of request.
(Include: setbacks, parking, access, and dimensions of all structures, etc.)
 Completed application, signed and dated, along with required fee.
 Eight copies of all information to the Zoning Officer.

* Additional information and or testimony may be necessary before the board.*

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