



## VARIANCE HEARING APPLICATION

### ZONING HEARING BOARD

#### **Township of Aleppo**

100 North Drive, Sewickley, PA 15143  
Phone: 412-741-6555 / Fax: 412-741-7062  
www.alepptownship.com

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

I/we hereby request that a determination be made by the Zoning Hearing Board on the following request:

1. Description of the property involved in this appeal:

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

Property Owner: \_\_\_\_\_

Lot/Block No.: \_\_\_\_\_ Lot Size: \_\_\_\_\_

Present Use: \_\_\_\_\_ Zoning District: \_\_\_\_\_

Present Improvements on Land: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

Approximate cost of work involved: \_\_\_\_\_

2. Provision(s) of the Zoning Ordinance Appealed:

Article	Section	Subsection
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3. Type of Appeal/Request:

A. ( ) Variance from the provisions of the Zoning Ordinance

B. ( ) Temporary Use Permit

C. ( ) Non-Conforming Use Status

D. ( ) Interpretation of the Zoning Ordinance or Map

E. ( ) Special Exception Approval

F. ( ) Other (explain) \_\_\_\_\_

\_\_\_\_\_

4. Has a previous appeal been filed in connection with this property? Yes \_\_\_\_ No \_\_\_\_

If yes, \_\_\_\_\_  
(Type) (Date) (Disposition)

5. Reason for Appeal/Description of Proposal:

A. ( ) Variance from the Zoning Ordinance is requested as follows: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Use Variance \_\_\_\_\_ Dimensional Variance

NOTE: APPLICANT MUST PROVE THE FOLLOWING:

- (1) Strict application of current provisions would produce unnecessary hardship.
- (2) The unnecessary hardship is a result of unique physical conditions of the property.
- (3) The unnecessary hardship was not created by the applicant.
- (4) The character of the district/neighborhood would not change or be adversely affected.
- (5) The variance requested is the minimum necessary to afford relief.

B. ( ) Temporary Use Permit of extension thereof is requested as follows: \_\_\_\_\_

\_\_\_\_\_

C. ( ) Non-Conforming Use Status is requested as follows: \_\_\_\_\_

\_\_\_\_\_

D. ( ) Interpretation of the Zoning Ordinance or Map is requested as follows: \_\_\_\_\_

\_\_\_\_\_

E. ( ) Special Exception Approval is requested as follows: \_\_\_\_\_

\_\_\_\_\_

F. ( ) Other: \_\_\_\_\_

\_\_\_\_\_

6. I/we believe the Board should approve this request because (include grounds for appeal or reasons both with respect to law and fact for granting the appeal, variance or special exception, and if hardship is claimed, state the specifics) [attach additional sheet if necessary]:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Have you applied for a building permit? Yes \_\_\_\_\_ (Date \_\_\_\_\_ ) No \_\_\_\_\_

If no, why not: \_\_\_\_\_  
\_\_\_\_\_

8. What is applicant's interest in property affected (Owner, Agent, Lessee, etc.)? \_\_\_\_\_

\_\_\_\_\_  
(Provide copy of deed, lease, sales agreement, or other contract proving interest in the property)

9. Provide names and addresses of owners of properties adjacent to and/or directly across a street from the boundary of the property or properties affected by the hearing as shown by the latest assessment of Allegheny County:

- |                            |                            |                            |
|----------------------------|----------------------------|----------------------------|
| 1. _____<br>_____<br>_____ | 2. _____<br>_____<br>_____ | 3. _____<br>_____<br>_____ |
| 4. _____<br>_____<br>_____ | 5. _____<br>_____<br>_____ | 6. _____<br>_____<br>_____ |

NOTE: As part of this application, applicant must provide seven (7) copies of this request along with seven (7) copies of a survey or scaled drawing of the property affected. This survey or scaled drawing must show the location and size of the subject lot, the size of improvements now erected or proposed to be erected, proposed use or other changes desired, together with any other information required by the Board.

*An incomplete application will be returned to the applicant. An application will be considered incomplete unless or until the appropriate application/hearing fee is paid in full.*

Any and all documents and drawings submitted as evidence or for review must be to reasonably accurate dimensions - *no free hand drawings will be accepted.*

I/We hereby certify that all of the above information is true and correct to the best of my/our knowledge.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

.....  
**OFFICE USE ONLY:**

Date Filed: _____	Date Fee Paid: _____
Hearing Fee Paid: _____	Date Notice sent to Interested Parties: _____
Date Advertised: _____	Date Township Building Posted: _____
Date Property Posted: _____	
Date of Hearing: _____	