



**BOROUGH OF EDDYSTONE
ZONING APPEAL APPLICATION FORM**

1300 East 12th Street - Eddystone, Pa 19022 Phone: 610-874-1100 Fax: 610-874-1605

Please type or print legibly

APPLICATION FEES: Upon submitting this application for a zoning appeal, each applicant shall pay a fee of Six Hundred Dollars (\$600.00) for a residential Zoning Board Hearing and One Thousand Dollars (\$1,000) for a commercial Zoning Board Hearing. These fees are for covering the cost of posters, members and municipal personnel expenses, and stenographic/records services. Such fee's are a condition to, and must be paid prior to any hearing. Any unused balance from such deposit will be returned to the applicant upon completion of the proceedings. **(Checks and/or Money orders shall be made payable to the Borough of Eddystone)**

Zoning Hearing Board Review Type:

- _____ Use Variance
- _____ Area or Bulk Variance
- _____ Special Exemption

Appellant Name: _____ **Phone:** _____

Address: _____

Owner Name: _____ **Phone:** _____

Address: _____

Attorney Name: _____ **Phone:** _____

Address: _____

Property Information and Identification:

Appeal is hereby made by the undersigned (check applicable item or items) from the action of the Building Committee or Code Officials.

_____ **Refusing applications for a building permit dated** _____

_____ **Granted application of** _____ **for building permit dated** _____

_____ **For a special Exception pursuant to Zoning Chapter 295.**

_____ **For a variance from the terms of the Borough Code or Ordinance.**



**BOROUGH OF EDDYSTONE
ZONING APPEAL APPLICATION FORM**

1300 East 12th Street - Eddystone, Pa 19022 Phone: 610-874-1100 Fax: 610-874-1605

(Note: If more space is required, attach a separate sheet and make specific reference to the question being answered.)

1. Application relates to (check applicable item or items)

Use _____ Lot Area _____ Yards _____ Height _____

Existing Building _____ Proposed Building _____

Other _____

2. Brief description of real estate affected

Tax Folio # / Parcel #: _____

Address/ Location: _____

Lot Size (Sq Ft): _____

Existing Building or Buildings: ____ (Y) ____ (N) _____ Quantity

Coverage (%) _____

Present Use: _____

Present Zoning Classification: _____

(Example- Residential, Business, Commercial, or Industrial)

Zoning District: (circle one) R-1 R-2 R-3 I NB GB PCO LI HI IHCO

****** For Residential Property**** (Check applicable items)**

Dwelling Description: _____ One Family
_____ Two Family/APT.
_____ Multi family/APT.

Building Description: _____ Detached (Single)
_____ Semi detached (Twin)
_____ Townhouse (Row)

****** For Commercial and Industrial Property (Add Description Below) ******

Present Improvements upon Land: _____



**BOROUGH OF EDDYSTONE
ZONING APPEAL APPLICATION FORM**

1300 East 12th Street - Eddystone, Pa 19022 Phone: 610-874-1100 Fax: 610-874-1605

3. **If this is an appeal from action of the Building Committee (official) , complete the following:**

Date determination made: _____

Your statement of alleged error of Building Committee: _____

4. **Action desired by appellant:** _____

5. **Reasons appellant believes Board should approve desired action (refer to section or sections of Ordinance under which it is felt that desired action may be allowed, and note whether hardship is (or is not) claimed, and the specific hardship.)**

6. **Has previous appeal been filed in connection with these premises?**

Yes____ No____ Not to my knowledge_____

7. **Does the property currently conform to the Zoning Code (Conforming or Non-Conforming property)?** Yes_____ No_____

(If No – Explain) _____

Attach Three (3) copies of plan of real estate affected indicating location, size of lot, size of improvements now erected and proposed to be erected thereon, or other change desired; also any other information required by the Zoning Hearing Board. In question 5 above include the grounds for the appeal or the reasons both with respect to law and fact for granting the appeal or the special exception or variance. Specifications of errors must state separately the appellant’s objections to the action of the Building Committee or code official with respect to each question of law and fact, which is sought to be reviewed.

Appellant/Applicant - Name (Print)

Appellant/Applicant – Signature

Date



**BOROUGH OF EDDYSTONE
ZONING APPEAL APPLICATION FORM**

1300 East 12th Street - Eddystone, Pa 19022 Phone: 610-874-1100 Fax: 610-874-1605

For Eddystone Borough Official Use Only

ZONING HEARING BOARD PROCESS DATES:

Application received by Zoning Hearing Board Solicitor: _____
(Initial and Date)

Calendar No. _____ **20** _____

Hearing Date _____ (Notifications required)

Posters Prepared _____

Posters Checked _____

Stenographer Assigned _____

RESOLUTION/DISPOSITION: (This resolution / disposition may be issued to appellant per a letter from the Eddystone Zoning Hearing Board Solicitor.)

APPROVAL (Description, Restrictions, or Stipulations):

DENIED (Explain):

SIGNATURES:

ZONING HEARING BOARD: _____ DATE _____

(Chairman) Print name _____

ZONING HEARING BOARD: _____ DATE _____

(Member) Print name _____

ZONING HEARING BOARD: _____ DATE _____

(Member) Print name _____
