



# 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 Fee's:** Upon submitting this application for a zoning appeal, each applicant shall pay a fee of Six Hundred Dollars (\$600.00) for a 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.**



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(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: \_\_\_\_\_



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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



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**For Eddystone Borough Official Use Only**

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**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 \_\_\_\_\_

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