

**ZONING HEARING BOARD
OF THE TOWNSHIP OF CHIPPEWA
BEAVER COUNTY, PENNSYLVANIA**

**TO: THE ZONING HEARING BOARD
2811 DARLINGTON ROAD
BEAVER FALLS, PA 15010**

APPEAL/APPLICATION NO. _____

APPLICANT MUST CHECK EACH TYPE OF ACTION WHICH APPLIES)

- APPEAL FROM DECISION OF ZONING OFFICER**
 APPLICATION FOR VARIANCE
 APPLICATION FOR SPECIAL EXCEPTION
 OTHER APPLICATION _____

(APPLICANT IS REQUIRED TO COMPLETE THE FOLLOWING)

1. Name of Property Owner (s): _____
2. Authorized Agent (s) of Owner (s): _____

- 3a. Address of Owner (s) _____ 3b. Address of Agent (s) _____

Phone No. _____ Phone No. _____

4. The ownership of the subject premises is identified here:
Date of Deed to Present Owners: Volume _____ Page _____
(Attach photocopy of current deed)

5. _____ Applicant certifies that Applicant is the owner of the property.
_____ Applicant certifies the Applicant is not the owner, but has a proprietary interest. Applicant indicates below the nature and character of such interest and has attached a photocopy of the document which verifies applicant's interest.

6. Mailing address of property: _____

7. _____ The property is not in a recorded subdivision.

_____ The property is in a recorded subdivision. State the following:

Name of Subdivision: _____

Number (s) of your lot (s): _____

Subdivision is filed Plan Book Volume _____, Page _____

A photocopy of the subdivision is attached to this application and made a part hereof.

8. Beaver County Tax Parcel Number: _____

9. The Zoning District classification of property is:

_____ R-1 Agricultural Residential

_____ R-2 Rural Residential

_____ R-3 Suburban Residential

_____ C-1 Neighborhood Commercial

_____ P-C Planned Commerce

_____ S.P. Special Growth

_____ A-C Airport Commercial

10a. If the Application is from a decision of the zoning Officer specify all applicable categories.

_____ Yes _____ No Appeal from disapproval of following permit:

_____ Building Permit Application No. _____

_____ Occupancy Permit Application No. _____

_____ Zoning Permit Application No. _____

_____ Temporary Permit Application No. _____

_____ Sign Permit Application No. _____

_____ Other Permit Application No. _____

Date of decision of Zoning Officer _____

10b. Attach a copy of the entire Application for the Permit including Zoning Officer's decision.

Specify all grounds and reasons why the Zoning Officer's decision is claimed to be in error.

11. If the Application is for a variance, specify the following:

_____ Dimensional Variance

_____ Use Variance

Relief is sought from the following section (s) of the Zoning Ordinance:

Section (s) _____

Section (s) _____

Section (s) _____

Section (s) _____

Specify the precise relief, if any, sought from the requirements of the Zoning Ordinance:

Specify the precise intended purposes for the variance: _____

State the precise nature of the unique hardship upon which your claim is based: _____

12. If the Application is for a Special Exception, specify all appropriate categories:

Relief is requested from Section (s) of the Zoning Ordinance:

Section (s) _____ Subsection (s) _____

Specify the precise nature of relief requested: _____

Specify the precise intended purposes for the Special Exception:

13. Applicant has attached hereto and made a part hereof a layout or plot drawn to scale which includes the following:

- A. The exact size and location of the existing building (s) and accessory uses on the subject lot.
- B. The exact size and location of the proposed building (s) and accessory uses on the subject lot.
- C. The identity and location of structures and uses on immediately adjacent lots.
- D. The identity and location of all immediately abutting streets and roads.
- E. An indication of North for orientation and directional purposes.
- F. The appropriate variance/special exception information.

14. Has any part of this matter been submitted to the Chippewa Township Planning Commission for review and/or approval?

_____ Yes _____ No

If yes, specify the following details:

Date of submittal _____, 20_____

Reason for submittal _____

Commission Action _____

Date of Commission Action _____

15. Has any part of this matter been submitted to the Board of Supervisors of the township of Chippewa for review and/or approval? _____ Yes _____ No

If yes, specify the following details:

Date of submittal _____, 20_____

Reason for submittal _____

Board Action _____

Date of Board Action _____

16. Applicant/Appellant acknowledges that the fee for consideration of this Appeal/Application is set by Resolution of the board of Supervisors of the township of Chippewa, Beaver County, Pennsylvania, and agrees to pay said fee. Applicant/Appellant acknowledges that the application is not complete until the Secretary of the zoning Hearing board determines that all required information and exhibits are attached, and that the Application will not be filed for consideration until it is complete and all fees paid.

Applicant/Appellant verifies that the statements made and the facts set forth in the foregoing Appeal/Application are true and correct to the best of their knowledge, information and belief. Applicant understands that false statements herein are made a crime and made subject to the penalties of the Crimes code. 13 PA.C.S. 4904 relating to unsworn falsification to authorities.

Dated this _____ day of _____ 20_____

Applicant (name of Individual)

By: _____
Owner

Applicant Name of Partnership*

By: _____
Partner

By: _____
Title of Officer

*Sign if Application is agent of owner, attach written power of attorney evidencing authority to act on behalf of owner.

ZONING HEARING BOARD
OF THE
TOWNSHIP OF CHIPPEWA

APPEAL/APPLICATION _____

SECRETARY VERIFICATION

All documents required to be attached as part of the completed Application have been submitted with the Application and consists of the following:

1. Ownership evidence: _____ Deed _____
Other: Specify _____
2. Property interest evidence: _____ Agreement of Sale
_____ Lease _____ Other: Specify _____
3. Subdivision evidence: _____ attached _____ none required
4. Copies of Site & Building Plans: _____ attached _____ none required
5. Copy of construction contract: _____ attached _____ none required
6. Agent's Power of Attorney: _____ attached _____ none required

Application Fee Amount: \$ _____

Date Fee Paid: _____, 20 _____

Receipt No. Issued: _____

Date Application filed with
Secretary of the Zoning Hearing Board
_____, 20 _____

Secretary for Zoning Hearing Board

ZONING HEARING BOARD

APPEAL/APPLICATION _____

Application received and filed: _____, 20_____

Date of hearing: _____, 20_____

Date of legal advertisement of hearing: _____, 20_____

Date premises posted: _____, 20_____