

**Trappe Borough**

525 West Main Street Trappe, PA 19426



*Application to the*  
**Zoning Hearing Board**

Questions? Please contact  
Trappe Borough  
at 610-489-7181.

# Trappe Borough

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## APPLICATION TO THE ZONING HEARING BOARD DIRECTIONS

1. Complete, sign and date the Information Sheet. Submit ten (10) copies to the Borough.
2. Submit to the Borough ten (10) copies of any plan, drawing, document, diagram, photograph and any other information to be presented to the Zoning Hearing Board.
3. Submit to the Borough three (3) sets of mailing labels that include (a) all legal owners and all current occupants at all properties on the same street of the subject property and within five hundred feet (500') of said property's boundaries, and (b) all legal owners and all current occupants at all properties within one hundred and fifty feet (150') of said property's boundaries.
4. Pay the required application fee. All checks must be payable to "Trappe Borough".

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## ZONING HEARING BOARD INFORMATION SHEET

### Application Information

- RELIEF SOUGHT:
- variance
  - special exception
  - appeal a decision of the Zoning Officer
  - Ordinance / Map validity challenge
  - certification of a non-conformity
  - other \_\_\_\_\_

### Applicant Information

APPLICANT: \_\_\_\_\_

- check one....*
- owner of record
  - equitable owner
  - other \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

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

PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

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## Property Information

PHYSICAL ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

TAX PARCEL NO(S): \_\_\_\_\_

ZONING DISTRICT(S): \_\_\_\_\_

LOT SIZE: \_\_\_\_\_

LOT FRONTAGE: \_\_\_\_\_

LOT DEPTH: \_\_\_\_\_

CURRENT USE(S): \_\_\_\_\_

PROPOSED USE(S): \_\_\_\_\_

CURRENT IMPROVEMENTS: \_\_\_\_\_

PROPOSED IMPROVEMENTS: \_\_\_\_\_

## Consultant Information

ENGINEER: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

ATTORNEY: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

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## Application Narrative

**ITEM #1** Identify each section of the Zoning Ordinance involved with this application, and for each section denote the relief sought.

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## Application Narrative

**ITEM #2** State the legal grounds upon which the above-noted relief should be granted.

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## Application Narrative

**ITEM #3** Has any previous zoning appeal or Zoning Hearing Board application been filed with this property?     yes     no

If yes, detail below:

*The undersigned Applicant hereby attests that all information included as part of this application made to the Zoning Hearing Board is true to the best of Applicant's knowledge, understanding and belief.*

signature: \_\_\_\_\_ date: \_\_\_\_\_

name: \_\_\_\_\_