

Trappe Borough

525 West Main Street Trappe, PA 19426



Application to the
Zoning Hearing Board

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

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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. If the Applicant is owner of the property in question, please attach a copy of the Deed to the property; if the Applicant is owner of equitable title, or tenant with permission of owner of legal title, please attach proof of equitable ownership or lease.
5. 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 (attach deed)
 equitable owner (attach proof of equitable ownership)
 other _____

MAILING ADDRESS: _____

PHONE: _____

FAX: _____

E-MAIL ADDRESS: _____

OWNER OF PROPERTY: _____

MAILING ADDRESS: _____

PHONE: _____

FAX: _____

EMAIL ADDRESS: _____

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Property Information

PHYSICAL ADDRESS: _____

MAILING ADDRESS: _____

TAX PARCEL NO(s): _____

DEED BOOK AND PAGE: _____

BLOCK AND UNIT NO.: _____

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 If a Variance is being requested, state the specific hardship claimed and the reasons why a Variance should be granted

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Application Narrative

ITEM #4 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: _____