

ZONING BOARD HEARING APPLICATION
Borough of New Alexandria
Westmoreland County

FOR OFFICE USE ONLY
Date Received:
Appeal No.
Date of Hearing:

PLEASE COMPLETE EACH SECTION: If not applicable type "NA"

Name of APPLICANT _____

Physical Address _____

Mailing Address _____

PHONE: Home _____ Cell _____

Name of LANDOWNER _____

(If landowner is not the applicant, authorization to act on landowner's behalf must be presented with this application)

Address _____ Phone _____

Type of Application: Check One

USE BY SPECIAL EXCEPTION

VARIANCE

APPEAL FROM MUNICIPAL ACTION

VALIDITY CHALLENGE

Cite all applicable sections of Zoning Ordinance _____

Describe property for which application is filed:

Location: _____

Zoning Classification: _____ Lot Size: _____

Present Use: _____ Proposed Use: _____

Approximate Cost of Proposed Work: _____

Existing Improvements on the Land: _____

Justification for Request: *(Please include grounds for appeal. If physical hardship is claimed as basis for variance, state specific hardship.)* _____

Has a previous application been filed with the Board for this property? Yes No

Please provide the names and addresses of owners of property within 200 feet from the exterior limits of the property for which this application is filed, as shown on the latest assessment rolls of Westmoreland County. *(if additional space is needed, attach a separate sheet.)*

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

NOTE: This application must be filed in triplicate. It is necessary to notarize only ONE copy. The application must be accompanied by the required fee and THREE (3) copies of a plot plan for the property.

Commonwealth of Pennsylvania
County of _____

I, _____ hereby depose and say that all of the above statements and statements contained in the papers submitted herewith are true to best of my knowledge and belief.

Signature _____

Address _____

Subscribed and sworn before me this _____ day of _____, 20 _____

My Commission expires _____ Notary Public _____