

Borough of Freemansburg

600 Monroe Street, Freemansburg, PA. 18017 Phone: (610)866-2220 Fax: (610)868-2402

Zoning Hearing Board Application/Appeal Form

Appeal/Application to the Check applicable item(s).	Borough of Freemansburg Zoning Hearing Board is hereby made by for:					
Appeal or makes application from the order, requirement, decision or determination of the Zoning Officer or other Borough official.						
☐ Variance from the Bor	ough of Freemansburg Zoning Ordinance.					
☐ Special Exception pern	nitted under the Borough of Freemansburg Zoning Ordinance.					
☐ Other:						
Applicant						
Name(s):						
Company (If Applicable): _						
Address:						
Phone #:	Email Address:					
Property Owner (If Differer	nt from Applicant)					
Name(s):						
Company (If Applicable): _						
Address:						
Phone #:	Email Address:					
Attorney (If Applicable)						
Name(s):						
Firm:						
Phono #:	Email Addross:					

Prop	erty Information						
Addr	ess:						
Parcel ID:							
Zoning District:		C	Current Use:				
Requ	uired Attachments						
0	Attach a site plan, drawn to scale, of the real estate. Include existing and proposed natural and man-made features.						
0	Attach photographs.						
0	o If the property is currently under Agreement of Sale, attach a copy of the Agreement.						
0	o If the property is currently leased, attach a copy of the present lease.						
0	o If this property has been the subject of a prior zoning hearing, attach a copy of the Decision.						
Relie	ef Sought						
		a dimensional variance fe state the following:	or any setback, lot cove	rage, distance between			
	Section of Code	Dimensions Required by Code	Dimensions Requested by Applicant	Variance Sought			
		Use or other Variance, d describe the Variance s	please state the specific sought.	section(s) of the Zoning			

If the Applicant seeks a Special Exception, please state the specific section(s) of the Zoning Ordinance that are applicable:
If the Applicant seeks an appeal from an interpretation of the Zoning Officer, please state the remedy sought in accordance with the Ordinance:
Write a brief statement reflecting why zoning relief is sought and should be granted must be submitted.

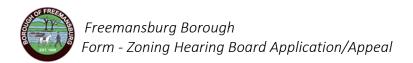
Certification

- 1. I hereby certify that the information contained in and attached to this application is true and correct to the best of my knowledge and belief. I also certify that I understand that any and all federal, state or local rules and regulations, licenses and approvals shall be obtained if the appeal is granted.
- 2. Petitioner agrees to comply with all provisions of the Borough of Freemansburg Zoning Ordinance and is aware that the Ordinance provides for penalties for violations of its provisions.
- 3. The Petitioner further acknowledges that the Board does not have to consider any application until all information requested by the Zoning Hearing Board is submitted by said applicant,

and that in the event this information is not submitted in full within twenty (20) days from the date of the initial Zoning Hearing Board hearing then the Board may deny such application, with or without prejudice to the applicant.

4. Wherever additional information is requested by the Zoning Hearing Board and leave to submit additional information is specifically granted by the Chairman of the Zoning Hearing Board, then, in consideration of the Board's forbearance in not refusing the application at the conclusion of the hearing, the Petitioner agrees to extend the time of consideration of the application by the Zoning Board for the number of days after the date for decision specified in any Ordinance of the Borough by the same number of days which the Zoning Board's consideration of the Petition was delayed by failure on the part of the Petitioner to submit additional information requested.

NOTE: All Petitioners must sign. At least one must sign in the presence of a Notary Public. Petitioner Name Signature Petitioner Name Signature Petitioner Name Signature Notary Public Signature Date Staff Use Only Date Application Received: Received By: Is Application Complete: _____ Notes:



Case No.: _____ Hearing Date: _____