



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 Borough of Freemansburg Zoning Hearing Board is hereby made by for:
Check applicable item(s).

- ☐ Appeal or makes application from the order, requirement, decision or determination of the Zoning Officer or other Borough official.
- ☐ Variance from the Borough of Freemansburg Zoning Ordinance.
- ☐ Special Exception permitted under the Borough of Freemansburg Zoning Ordinance.
- ☐ Other: _____

Applicant

Name(s): _____

Company (If Applicable): _____

Address: _____

Phone #: _____ Email Address: _____

Property Owner (If Different from Applicant)

Name(s): _____

Company (If Applicable): _____

Address: _____

Phone #: _____ Email Address: _____

Attorney (If Applicable)

Name(s): _____

Firm: _____

Address: _____

Phone #: _____ Email Address: _____



Property Information

Address: _____

Parcel ID: _____ Lot Size: _____

Zoning District: _____ Current Use: _____

Required Attachments

- Attach a site plan, drawn to scale, of the real estate. Include existing and proposed natural and man-made features.
- Attach photographs.
- If the property is currently under Agreement of Sale, attach a copy of the Agreement.
- If the property is currently leased, attach a copy of the present lease.
- If this property has been the subject of a prior zoning hearing, attach a copy of the Decision.

Relief Sought

If the Applicant seeks a dimensional variance for any setback, lot coverage, distance between certain uses, etc., please state the following:

Section of Code	Dimensions Required by Code	Dimensions Requested by Applicant	Variance Sought

If the Applicant seeks a Use or other Variance, please state the specific section(s) of the Zoning Ordinance applicable and describe the Variance sought.



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: _____

