

Borough of Delmont Borough
 77 Greensburg Street, Delmont, PA 15626
 (724) 468-4422 Fax: (724) 468-4356
Notice of Appeal to Zoning Hearing Board

Name of Applicant: _____
 Address: _____
 Phone: _____ Fax: _____ Email: _____
 Location of Property: _____
 Tax Map No: _____ Zoning District: _____
 Present Improvements on Property: _____
 Present Use: _____ Proposed Use: _____
 Date, Circumstances and Appeal Number of an Prior Application Affective this Property: _____

I/we hereby request that a determination be made by the Delmont Borough Zoning Hearing Board as to the following:

- _____ Appeal from Determination of the Zoning Officer
- _____ Request for an Interpretation of the Zoning Ordinance or Zoning Map
- _____ Special Exception in Accordance with the Terms of the Zoning Ordinance
- _____ A Dimensional Variance as More Specifically Set Forth Below
- _____ A Variance from the Provisions of Ordinance Section _____ as more Specifically Set Forth Below

I/we believe that the Zoning Hearing Board should approve this request because: *(Specifically set forth the nature of your request, the ground for relief, and the reasons both with respect to law and fact for granting the requested relief. Attach additional sheets as necessary.)* _____

(Other items which may be necessary for the filing of this application or the granting of relief include: survey and/or site plan of property showing all structures and required yard setbacks, blueprints of the interior, written evidence of past applications, and any other information or evidence you wish the Board to consider.)

I/we hereby certify that all of the above statements and the information set forth on any papers or plans submitted herewith are true and correct to the best of my knowledge and belief.

Print Name: _____
 Applicant's Signature: _____ Date: _____

BOROUGH ACTION	
Date: _____	This application is APPROVED and a permit is issued.
Date: _____	This application is DENIED for the following reason(s): _____

Permit No. _____	_____
Issued: _____	Zoning Officer
Fee Paid: _____	