

APPLICATION TO THE ZONING HEARING BOARD

Date _____

Address _____

Plan Name _____

Plan Location _____

Tax ID Number (Lot & Block) _____

Total Acreage _____ Number of Lots _____ Zoning District _____

Proposed Land Use: Residential _____ Commercial _____ Other (specify) _____

Is the property located within the flood plain? Yes _____ No _____

Applicant Name _____

Address _____

Phone _____ Email _____

Property Owner Name _____

Address _____

Phone _____ Email _____

Engineer Name: _____

Address _____

Phone _____ Email _____

One Veteran's Way
Carnegie, PA 15106
p 412.276.1414
f 412.276.8018

Proposed Construction or Activity _____

Type of Application

- _____ Challenge to validity of land use ordinance except those brought before governing body
- _____ Challenges to the validity of a land use ordinance raising procedural questions
- _____ Appeals from the determination of: Zoning Officer Engineer
- _____ Appeals from the determination of the Zoning Officer or Engineer regarding flood plain restrictions
- _____ Application for variance from the terms on the Zoning Ordinance
- _____ Application for uses authorized by special exception under the Zoning Ordinance
- _____ Application for nonconforming uses and structures
- _____ Appeals from the determinations regarding E&S Plan and stormwater management

Specific information of action being appealed _____

Hearing Request (initial):

- _____ I request a stenographic record of the hearing and agree to pay half of the appearance fee charged by the Court Reporter
- _____ I waive the stenographic record and agree that the record shall be made by electronic recording.
- _____ I understand that the cost of a transcript or a copy thereof, will be paid by the party requesting it.

AFFIDAVIT OF VERIFICATION

ADDRESS OF SUBJECT PROPERTY _____, CARNEGIE, PA

I, _____ being duly sworn do hereby affirm that I am
(PRINT NAME)

_____ the owner of the subject property for which application is being made

_____ the authorized agent for the property owner for which application is being made

_____ a person aggrieved

_____ an officer or agency of the Municipality

and that all information provided on and contained in this application is true and correct to the best of my knowledge and belief.

ATTEST _____ DATE _____
(SIGNATURE)

COMMONWEALTH OF PENNSYLVANIA)

COUNTY OF ALLEGHENY) SS:

Before me, the undersigned notary public, this day personally appeared _____,

to me known, who being duly sworn according to law, deposes and says that the information in the above is true and correct.

Subscribed and sworn to before me this _____ day of _____, _____.

NOTARY PUBLIC

MY COMMISSION EXPIRES

Application Information

Submit application and six (6) copies of all required documentation including:

- Survey of property showing relevant information
- Notice of action being appealed (if relevant)
- Statement of argument or justification of request
- Map of properties within two-hundred feet of perimeter of property.
- Notarized affidavit of verification

Fee for application is \$300.00. Payment should be submitted at time of application

BOROUGH STAFF ONLY

Application Number _____ Received by Zoning Officer _____ Date _____

Application Fee _____ Paid Y / N

Official Filing Date _____

Planning Commission Recommendation _____ Date _____

Council Decision _____ Date _____