

**NORTH SEWICKLEY TOWNSHIP**  
**APPLICATION TO ZONING HEARING BOARD**  
**FOR VARIANCE AND/OR SPECIAL EXCEPTION APPROVAL**

Application No. \_\_\_\_\_ Application Date: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

Telephone No. (\_\_\_\_\_) \_\_\_\_\_ Fax No. (\_\_\_\_\_) \_\_\_\_\_

Location of Property: \_\_\_\_\_

Tax Parcel No. **70**- \_\_\_\_\_ Total Size/Acreage of Tract: \_\_\_\_\_

Zoning District in which located: \_\_\_\_\_

**Nature/Type of Application:**

I. ( ) **Variance** from provisions of Zoning Ordinance Section or Sections: \_\_\_\_\_

a.) ( ) Strict compliance to recited Section(s) would produce unnecessary hardship upon Applicant due to unique physical circumstances or conditions applicable to subject property {27-1508.A.(1)};

b.) ( ) There is no possibility that subject property can be developed in strict compliance to Zoning Ordinance {27-1508.A.(2)};

c.) ( ) Such unnecessary hardship via physical circumstances/conditions were not created by Applicant {27-1508.A. (3)};

d.) ( ) If variance granted, essential character of neighborhood and District would not be adversely affected {27-1508.A. (4)};

e.) ( ) The variance requested is the minimum variance or modification of provisions of Ordinance needed {27-1508.A. (5)};  
and/or

II. ( ) **Special Exception Use** per Zoning Ordinance Section: \_\_\_\_\_

**NOTE: FOR PROCESSING THIS APPLICATION**

a.) ( ) Completed Building/Zoning Permit Application submitted herewith; and/or

b.) ( ) Completed preliminary Land Development Application submitted herewith.

Written description of type of variance and/or special exception sought by this application (attach additional sheets if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



North Sewickley Township Application to Zoning Hearing Board – Variance and/or Special Exception

GENERAL INFORMATION: The Applicant is advised to become acquainted with, understand and be aware of all provisions of the North Sewickley Township Zoning Ordinance, and to secure legal counsel and/or technical assistance in the preparation and presentment of this Application. The required fee or fees must be submitted and paid at time of submission of this Application.

**VERIFICATION**

I or we the undersigned Applicant(s), completed and read the foregoing Application. The statements and data set forth therein is true and correct to the best of my knowledge, information and belief. This statement and verification are made subject to the penalties of 18 PA.C.S.A. Section 4904 relating to unsworn falsifications to authorities, which provides that if I or we knowingly make false statements or averments, I or we may be subject to criminal penalties.

Dated: \_\_\_\_\_, 20 \_\_\_\_

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Co-Applicant

Received of \_\_\_\_\_, the sum of \$ \_\_\_\_\_, fee for the above numbered Application to North Sewickley Township Zoning Hearing Board. Dated: \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Authorized Signature