Jacobus Borough

Established 1837

126 N. Cherry Lane, Jacobus, PA 17407

Phone: (717) 428-1752 Fax: (717) 428-0588

MEMBER INTERNATIONAL CODE COUNCIL

ZONING HEARING BOARD APPEAL FORM

Appeal form must be accompanied by the $1400 fee payable to 'Jacobus Borough'. Please print legibly.

PART I: OWNER INFORMATION

Appellant: _____
NAME STREET ADDRESS CITY STATE ZIP PHONE

Owner: _____
NAME STREET ADDRESS CITY STATE ZIP PHONE

Project Location: _____

If represented by an Attorney: _____
NAME STREET ADDRESS CITY PHONE

Zoning district where located: _____ Ordinance(s): _____

PART II: NEIGHBOR INFORMATION

The following are the names and addresses of owners of every property within 25 feet of the property that is subject to this application. This information is required for the application to be complete. Attach additional sheets if necessary.

_____
NAME MAILING ADDRESS

_____
NAME MAILING ADDRESS

_____
NAME MAILING ADDRESS

Indicate type of application and then proceed to the appropriate Part:

- ☐ Variance (PART III and V)
- ☐ Special Exception (PART IV and V)
- ☐ Appeal notice of violation (PART VI)
- ☐ Map/ordinance challenge (PART VII)

Set forth the relief requested with reasonable detail of the existing and proposed improvements and existing and proposed use. Attach additional sheets as needed.

PART III: REQUEST FOR A VARIANCE:

1. Sections of the Zoning Ordinance for which Variance is requested: _____
2. Brief description of proposed use: _____

3. Describe the unnecessary hardship imposed by the Zoning Ordinance upon the applicant due to unique physical circumstances or conditions peculiar to the property:

4. Why there is no possibility that the applicant can develop or make reasonable use of the property in strict conformity with the provisions of the Zoning Ordinance and why the unnecessary hardship has not been created by the applicant:

5. Explain how the variance, if granted, will not alter the essential character of the area, nor impair the adjacent property, nor be detrimental to the public welfare:

PART IV: Request for Special Exception:

1. Specific Use Requested:

2. A brief statement as to why the requested relief should be granted:

3. How will the use affect adjacent properties and address impacts such as noise, odor, dust, fumes, effect on traffic, safety issues, character of neighborhood:

PART V:

Attach plot and/or other plan(s), including floor plans and elevations drawn to stated scale, showing:

1. Boundaries of subject real estate.
2. Nature, location, size and use of existing improvements, easements, utilities, parking areas and access roads.

3. Location and capacity of existing utilities; water, sewer, gas, electric and telephone serving subject real estate.
4. Present uses of various portions of subject real estate improvements.
5. Nature, location and size of proposed improvements or alterations, including habitable floor area, lot area(s) and width(s), front, rear and side yards, lot coverage, height of improvement or alterations: attach separate statement concerning arrangements with utility companies for installation thereof.
6. Contours showing existing and finished grades of subject premises and adjacent properties.
7. Facilities proposed to handle surface water drainage, on and off site.
8. Uses of adjacent premises.

PART VI: NOTICE OF VIOLATION APPEAL

Describe why you disagree with the decision of the Jacobus Borough Zoning Officer. _____

_____

_____

_____

_____

PART VII: MAP/ORDINANCE CHALLENGE

1. Sections of the Zoning Ordinance which is contested: _____

2. Describe your concern with the ordinance or map: _____

_____

_____

_____

Please attach any other relevant information for the Zoning Hearing Board's consideration.

ALL APPLICANTS: **CERTIFICATION:** I/we, the undersigned, do hereby certify that:

1. The information submitted herein is true and correct to the best of my/our knowledge and belief and upon submittal becomes public record;
2. Fees are non-refundable* and do not guarantee approval; and
3. All additional required written and graphic materials are attached.

_____ _____

OWNER PRINTED NAME OWNER SIGNATURE

_____ _____

APPLICANT PRINTED NAME APPLICANT SIGNATURE

* The fee will be refunded if the purpose of the application is to appeal a determination of the Zoning Officer and the Zoning Hearing Board or subsequent court rules in favor of the Appellant.

FOR OFFICE USE ONLY-APPLICATION SUBMITTAL CHECKLIST

Date Received: _____ Fees Paid: _____

Map and Parcel: _____ Existing Zoning District: _____

Date hearing advertised: _____ Appeal Number: _____