

**ZONING HEARING BOARD APPLICATION
POTTER TOWNSHIP, BEAVER COUNTY, PENNSYLVANIA**

Applicant Name _____ Date _____

Applicant Address _____ Ph _____

Landowner Name _____

(If landowner is not the applicant, authorization to act on his behalf is required with this application.)

Landowner Address _____ Ph _____

Application is for: (Check One) ___ Appeal from decision of Zoning Officer ___ Variance ___ Use
by Special Exception ___ Validity challenge of map or ordinance ___ Appeal from Municipal Action

Cite all applicable sections of Zoning Ordinance _____

Application property address: _____

Parcel Number: 73 - _____ - _____ - _____

Zoning District: _____ Lot size: _____ Present use: _____

Proposed use: _____

Cost of proposed work: \$ _____ Existing improvements _____

Justification for request: (Grounds for appeal, or specific hardship, if hardship is claimed for variance)

Provide names and addresses of property owners within 200 feet of the property lines of this property

Name

Address

(Attach a separate sheet if additional space is needed)

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STATEMENTS AND VERIFICATION BY APPLICANT

I do hereby agree to observe and adhere to any and all provisions of the Potter Township Zoning Code, and do further agree and understand that my failure to do so shall constitute a violation as to any decision issued per this Application, which violation shall cause any decision to become Null and Void, and revocable by Potter Township via its Zoning Officer or other designated agent.

I/We hereby certify that as applicants, owners, contractors, agents or others that I/We completed and read the foregoing Application and that the information and statements in this application and other representations contained in all accompanying documents are made a part of this application and are true and correct to the best of our knowledge and belief. This statement and verification are made subject to the penalties of 18 PA.C.S.A. Section 4904 relating to un-sworn falsifications to authorities, which provides that if I/We knowingly make false statements or averments, I/We may be subject to criminal penalties. I/We hereby authorize representatives of the Zoning Hearing Board to make the necessary inspections upon the property to verify that the relief requested under this application complies with the Potter Township Zoning Ordinance or other applicable codes.

If applicant is Contractor / Agent of Owner, he/she hereby certifies that he/she has the authority to act on behalf of the Owner.

- PLEASE SIGN AND PRINT NAME BELOW -

*OWNER(S) _____ *DATE _____

CONTRACTOR OR AGENT _____ DATE _____

FEE IN THE AMOUNT OF \$ _____ SUBMITTED & RECEIVED

NOTE: This application must be accompanied by the required fee.

Applicant Signature: _____ Date: _____

Fee Paid: _____ Date: _____

Township Secretary

All required documentation
is submitted / attached: _____ Date: _____

Zoning Officer