

APPEAL/APPLICATION NO \_\_\_\_\_

ZONING HEARING BOARD  
of the  
TOWNSHIP OF CENTER  
Beaver County, Pennsylvania

TO: The Zoning Hearing Board  
Center Township Municipal Building  
224 Center Grange Road  
Aliquippa, PA 15001

[APPLICANT TO CHECK EACH TYPE OF ACTION WHICH APPLIES]

- \_\_\_\_\_ Appeal from Decision of Zoning Officer
- \_\_\_\_\_ Challenge to Validity of Zoning Ordinance or Map
- \_\_\_\_\_ Application for Variance
- \_\_\_\_\_ Application for Special Exception
- \_\_\_\_\_ Unified Appeal
- \_\_\_\_\_ Other Application

[APPLICANT IS REQUIRED TO FILL OUT PARAGRAPHS 1-9]

1. Owner of Property Name \_\_\_\_\_

2. Owner's Authorized Agent \_\_\_\_\_

3a. Address of Owner	3b. Address of Agent
_____	_____
_____	_____
_____	_____

4. If Applicant is not the owner, but has a proprietary interest in premises, attach photocopy of instrument Agreement of Sale, Will, etc. evidencing such interest and indicate below the nature and character of such interest.

5. The ownership of the subject property is identified here:  
Present Owner(s) Name(s): \_\_\_\_\_  
Date of Deed to Present Owners: \_\_\_\_\_  
Recording of Deed to Present Owners: \_\_\_\_\_

A Photocopy of the Present Owner's deed is attached to this Application and made a proof hereof.

6. Mailing Address of Property: \_\_\_\_\_

7. If property is a lot in a recorded subdivision state the following:  
Name of Subdivision: \_\_\_\_\_  
Number of your lot: \_\_\_\_\_  
Subdivision is filed: \_\_\_\_\_

A photocopy of the Subdivision is attached to this Application and made a part hereof.

8. Beaver County Tax Parcel No. of subject property: \_\_\_\_\_  
Verified by \_\_\_\_\_  
Zoning Officer

9. The Zoning District classifications of property is:  
\_\_\_\_R-1 Restricted Residential District  
\_\_\_\_R-2 Suburban Residential District  
\_\_\_\_R-3 General Residential District  
\_\_\_\_R-4 Rural Residential District  
\_\_\_\_C-1 Integrated Business Centers District  
\_\_\_\_C-2 General Commercial District  
\_\_\_\_I Industrial District

[APPLICANT IS ONLY REQUIRED TO FILL OUT THOSE PARAGRAPHS FROM 10 TO 15 FOR WHICH THIS APPLICATION APPLIES]

10. If the Applicant is from a decision of the Zoning Officer specify all appropriate categories:

A. \_\_\_\_Yes \_\_\_\_No: Appeal from disapproval of following Permit: (Specify the type of permit and number of permit Application)

\_\_\_\_ Building Permit Application No. \_\_\_\_\_  
\_\_\_\_ Occupancy Permit Application No. \_\_\_\_\_  
\_\_\_\_ Zoning Permit Application No. \_\_\_\_\_  
\_\_\_\_ Temporary Permit Application No. \_\_\_\_\_  
\_\_\_\_ Sign Permit Application No. \_\_\_\_\_  
\_\_\_\_ Other Permit (Specify \_\_\_\_\_ App. No. \_\_\_\_\_)

Date of Decision of Zoning Officer \_\_\_\_\_, 20 \_\_\_\_\_

A photostatic copy of the entire Application for the Permit including Zoning Officer's decision is attached to this Application and made a part hereof.

Specify all grounds and reasons why the Zoning Officer's decision is claimed to be in error (Applicant waives any ground or reason not specified)

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

B. \_\_\_\_Yes \_\_\_\_No: Appeal from other decision of Zoning Officer other than the disapproval of a Permit

Specify the nature of the request and decision

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

Date of Decision of Zoning Officer \_\_\_\_\_, 20 \_\_\_\_\_

A photocopy of the entire Application for Relief including Zoning Officer's decision is attached hereto and made a part hereof.

Specify all grounds and reasons why the Zoning Officer's decision is claimed to be in error (Applicant waives any ground or reason not specified)

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11. If the Application is a challenge to the validity of the Zoning Ordinance or Map, specify all appropriate categories:

\_\_\_\_\_ The Zoning Map of the Township of Center  
\_\_\_\_\_ The Zoning Ordinance of the Township of Center

in the following particulars and for the following reasons:  
(Applicant waives any ground or reason not specified)

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12. If the Application is for a variance, specify all appropriate categories:

\_\_\_\_\_ Dimensional Variance  
\_\_\_\_\_ Use Variance

Specify the Section(s) of the Zoning Ordinance under which relief is requested: (Applicant waives any request for relief from any section not particularly specified)

A. Section \_\_\_\_\_ Subsection \_\_\_\_\_  
Specify Requirement \_\_\_\_\_  
B. Section \_\_\_\_\_ Subsection \_\_\_\_\_  
Specify Requirement \_\_\_\_\_  
C. Section \_\_\_\_\_ Subsection \_\_\_\_\_  
Specify Requirement \_\_\_\_\_

Specify all the precise relief, if any, sought from the requirements of the Zoning Ordinance:  
(Applicant waives any particular relief not specified)

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Specify the precise intended purposed for the variance:  
(Applicant waives any right to any structure, use or purpose not specified)

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State the precise nature of the unique hardship upon which your claim is based:

(Applicant waives any hardship not specified)

\_\_\_\_\_  
\_\_\_\_\_  
State the unique physical circumstances or conditions peculiar to the subject property (Applicant waives any circumstances or conditions not specified)

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

13. If the application is for a Special Exception, specify all appropriate categories: Specify the Section(s) of the Zoning Ordinance under which relief is requested: (Applicant waives any request for relief from any Sections not particularly specified)  
Section \_\_\_\_\_ Subsection \_\_\_\_\_  
Type of Use Permitted \_\_\_\_\_

Specify the precise nature of relief requested: (Applicant waives any particular relief not specified)

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

Specify the precise intended purpose for the Special Exception:  
(Applicant waives any right to any structure, use or purpose not specified)

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

14. If this Application is a Unified Appeal, specify precisely the Municipal Ordinance and Section(s) or the developmental requirement(s) from which relief is sought and the precise nature of the relief sought: (Applicant waives any request for relief from any Ordinance and Section and requirement and relief not particularly specified)

Section \_\_\_\_\_ Subsection \_\_\_\_\_  
Requirement \_\_\_\_\_

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

15. If the Application is for some other relief, specify the appropriate Section(s) of the Zoning Ordinance and the precise nature of the relief sought: (Applicant waives the right to any relief not particularly specified) \_\_\_\_\_

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

[APPLICANT IS REQUIRED TO FILL OUT ALL REMAINING PARAGRAPHS]

16. Applicant has attached hereto and made a part hereof three (3) copies of a Site Plan and Building Plan drawn to scale showing all of the following:

- A. The exact size and location of the existing building(s) and accessory uses on the subject lot.
- B. The exact size and location of the proposed building(s) and accessory uses on the subject lot.
- C. The identity and location of structures and uses on immediately adjacent lots.
- D. The identity and location of all immediately abutting streets and roads.
- E. An indication of North for orientation and directional purposes
- F. The appropriate variance information.

17. A. Has any Application for any type of Permit been filed with the Center Township Planning Commission which may relate to this Application?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, identify the type of Permit and number of Permit Application:

\_\_\_\_\_ Building Permit Application No. \_\_\_\_\_  
\_\_\_\_\_ Occupancy Permit Application No. \_\_\_\_\_  
\_\_\_\_\_ Zoning Permit Application No. \_\_\_\_\_  
\_\_\_\_\_ Temporary Permit Application No. \_\_\_\_\_  
\_\_\_\_\_ Sign Permit Application No. \_\_\_\_\_  
\_\_\_\_\_ Other Permit (Specify \_\_\_\_\_ App.No. \_\_\_\_\_)

If yes, has Center Township Planning Commission reviewed the Application for the Permit? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, has Center Township Planning Commission rendered any comments on the Application? \_\_\_\_\_ Yes \_\_\_\_\_ No

Specify all comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A photocopy of the written comments of the Center Township Planning Commission is attached to the Application and made a part hereof.

18. B. Has any Application for any development plan or subdivision plan been filed with the Center Township Planning Commission?

\_\_\_\_\_ Yes \_\_\_\_\_ No

19. B. Has any Application for any development plan or subdivision plan been filed with the Center Township Planning Commission?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, has Center Township Planning Commission reviewed the Application?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If Planning Commission reviewed Application has the Center Township Planning Commission issued a decision on the Application?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, decision

\_\_\_\_\_ Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ Conditional Approval

If Conditional Approval, specify all conditions:

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

18. Has any previous Application for relief been filed with the Zoning Hearing Board which may relate to this Application?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, specify the following details:

Appeal/Application Number \_\_\_\_\_

Nature and character of the previous Applicant:

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

Date of Zoning Hearing Board decision \_\_\_\_\_, 20 \_\_\_\_\_

Nature and character of the disposition of Application

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

A photocopy of the Opinion and Order of the Zoning Hearing Board is attached to the Application and made a part hereof.

Applicant/Appellant verifies that the statements made and the facts set forth in the foregoing Appeal/Application are true and correct to the best of their knowledge, information and belief. Applicant understands that false statements herein are made a crime and made subject to the penalties of the Crimes Code, 18 Pa. C.S. 4904 relating to unsworn falsification to authorities. Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Applicant (Name of Individual)\*

\_\_\_\_\_  
Applicant (Name of Partnership)\*

\_\_\_\_\_  
Applicant (Name of Corporation)\*

\*If Applicant is agent of owner, attach written power of attorney evidencing authority to act on behalf of owner.

NOTICE: Applicant/Appellant shall pay Appeal/Application fee determined by Board of Supervisors of the Township of Center, Beaver County, Pennsylvania.

Application Fee amount\$ \_\_\_\_\_

Date Fee Paid: \_\_\_\_\_ 20\_\_\_\_

Receipt No. Issued: \_\_\_\_\_

\_\_\_\_\_  
Secretary, Zoning Hearing Board

All documents required to be attached as part of the completed Application have been submitted with the Application and consists of the following:

1. Ownership evidence: \_\_\_ Deed \_\_\_ Other: Specify \_\_\_\_\_
2. Property interest evidence \_\_\_ Agreement of Sale \_\_\_ Lease \_\_\_ Other: Specify \_\_\_\_\_
3. Subdivision evidence: \_\_\_ attached \_\_\_ none required
4. Application for Permit or Relief: \_\_\_ attached \_\_\_ none required
5. Copies of Site and Building Plans: \_\_\_ attached \_\_\_ none required
6. Center Township Planning Commission written review comments: \_\_\_ attach \_\_\_ none required
7. Center Township Planning Commission written decision: \_\_\_ attached \_\_\_ none required
8. Prior Opinion/Order: \_\_\_ attached \_\_\_ none required
9. Agent's Power of Attorney: \_\_\_ attached \_\_\_ none required

Date Completed Application with all attachments filed with Secretary of the Zoning Hearing Board

\_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Secretary Zoning Hearing Board

All documentary material constituting the record in this Application is appended to this Application and consists of the following:

1. Ownership evidence \_\_\_ Deed \_\_\_ Other: Specify \_\_\_\_\_
2. Property interest evidence \_\_\_ Agreement of Sale \_\_\_ Lease \_\_\_ Other: Specify \_\_\_\_\_
3. Subdivision evidence: \_\_\_ attached \_\_\_ none required
4. Application for Permit or Relief: \_\_\_ attached \_\_\_ none required
5. Copies of Site and Building Plans: \_\_\_ attached \_\_\_ none required
6. Center Township Planning Commission written review comments: \_\_\_ attached \_\_\_ none required
7. Center Township Planning Commission written decision: \_\_\_ attached \_\_\_ none required
8. Prior Opinion/Order: \_\_\_ attached \_\_\_ none required
9. Agents Power of Attorney: \_\_\_ attached \_\_\_ none required
10. Zoning Office Statement: \_\_\_ attached \_\_\_ none required

11. Other (Specify) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Complete Record Filed

\_\_\_\_\_, 20\_\_\_\_\_

Zoning Officer

APPLCIATION/APPEAL No. \_\_\_\_\_  
ZONING HEARING BOARD  
of the  
TOWNSHIP OF CENTER  
Beaver County, Pennsylvania

Date Completed Application filed	_____	,20_____
Date Fee Paid	_____	,20_____
Date Complete Record Filed	_____	,20_____
Date of Hearing	_____	,20_____
Date of Legal advertisement of hearing	_____	,20_____
Date premises posted	_____	,20_____
Date Township Municipal Building posted	_____	,20_____
Date notice dispatched to neighboring property owner identified below	_____	,20_____

Written notice of the hearing was dispatched by regular mail to the following owners of real estate located near the subject property. The identify and address of such owners has been taken from the current assessment rolls and tax maps prepared by the Chief Assessor of Beaver County for the Township of Center.

- Name/Address 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_
- 7. \_\_\_\_\_
- 8. \_\_\_\_\_
- 9. \_\_\_\_\_
- 10. \_\_\_\_\_

ZONING HEARING BOARD

Date \_\_\_\_\_

By \_\_\_\_\_  
Secretary