



BOROUGH of ELIZABETH

121 N. 2nd Avenue
Elizabeth, PA 15037
Phone (412) 384-7771
Fax (412) 384-9812

**SPECIAL EXCEPTIONS – VARIANCE APPLICATION
FOR ELIZABETH BOROUGH**

Date of Application: _____

\$175.00 Filing/Advertising Fee

Appeal No: VAK- _____

___ Cash ___ Check No. _____

Hearing Date and Time: _____

APPLICANT NAME: _____ Phone: _____

ADDRESS: _____

PROPERTY OWNER'S NAME _____ Phone: _____

ADDRESS: _____

(if different from owner)

SPECIFIC VARIANCE REQUEST _____

PLEASE ANSWER THE FOLLOWING QUESTIONS WHICH ARE APPLICABLE TO THE PROPERTY FOR WHICH THE SPECIAL EXCEPTION/VARIANCE IS REQUESTED:

1. ADDRESS OR BRIEF DESCRIPTION OF PROPERTY LOCATION: _____

2. LOT SIZE / ACREAGE _____

3. ZONING CLASSIFICATION OF PROPERTY _____

4. PRESENT USE OF PROPERTY _____

5. DESCRIPTION OF EXISTING STRUCTURES: _____

6. DESCRIPTION OF ADDITIONS INTENDED TO BE MADE UNDER THIS APPLICATION (indicate size of proposed improvements) _____

NOTE: ALSO ATTACH PLOT PLAN INDICATING SIZE AND LOCATION OF BOTH EXISTING STRUCTURES AND PROPOSED IMPROVEMENTS AND SHOW DISTANCES TO ALL PROPERTY BOUNDARIES.

7. IS THE SUBJECT REAL ESTATE SERVED BY MUNICIPAL WATER SUPPLY?

8. IS THE SUBJECT REAL ESTATE SERVED BY OFF-SITE MUNICIPAL SANITARY SEWAGE TREATMENT? _____

Applicant hereby certifies that the statements made herein and the representations contained in all accompanying matter made part of this Application are true and correct.

Dated this _____ day of _____, 20_____.

Applicant Signature

If applicant is agent or owner, attach power of attorney evidencing authority to act on behalf of owner.

(SEAL)

Name of Corporation

By _____
Signature of Officer

Title of Officer

Secretary