

APPLICATION FOR ZONING VARIANCE
North Shenango Township
11586 Linn Road - Espyville, PA. 16424
Office 724-927-2568 Fax 724-927-9447

Application No. _____

Fee Paid _____

The undersigned, owner (s) of the following legally described property, hereby request the consideration of a zoning variance as specified below:

1. Name of Applicant _____
2. Mailing Address _____

3. Phone Number: Home _____ Business _____
4. Location description and lot number of property subject to the zoning variance under this application:

5. Present Zoning District in which property is located _____
6. Nature of Variance: Describe generally the nature of the variance.

7. In addition plans in triplicate and drawn to scale must accompany this application showing dimensions and shape of the lot, the size and locations of existing buildings, the locations and dimensions of proposed buildings and or alterations, and any natural or topographic peculiarities of the property in question.
8. Justification of Variance: In order for a variance to be granted, the applicant must prove to the Zoning Hearing Board that the following items are true (please attach comments on a separate sheet).
 - A. Special conditions exist peculiar to the land or building in question.
 - B. That a literal interpretation of the ordinance would deprive the applicant of rights enjoyed by other property owners.
 - C. That the special conditions do not result from previous actions of the applicant.
 - D. That the requested variance is the minimum variance that will allow a reasonable use of the land or buildings.
9. Nonconforming uses of neighboring lands or certain types of structures in the same district and permitted or nonconforming uses of land or structures in other districts shall not be considered grounds for issuance of variances; and The Board shall not permit variances which allow a use not permissible under the terms of this ordinance in the district involved.

Applicant Signature's

Date

For Official Use Only
Zoning Amendment
File Number _____

Date Filed _____

Fee Paid: Cash _____ Check No. _____

Received by _____

Dates of Notice in newspaper. 1st _____ 2nd _____

Date of public hearing _____

Decision of North Shenango Township Zoning Board: Approved _____ Denied _____

If approved the following conditions and safeguards were prescribed:

If Denied, Reason for the Denial:

Chairman _____ Date _____

Vice Chairman _____ Date _____

Secretary _____ Date _____