

**BOROUGH OF ELLWOOD CITY
APPLICATION FOR ZONING VARIANCE**

Name of applicant(s): _____

Address: _____

Phone: _____

Zoning variance requested and location: _____

Reason for zoning variance request: _____

Street no. of property effected: _____

Nearest street intersections: _____

Zoning district of property under consideration: _____

Existing use of land: Vacant _____ Residential _____ Commercial _____

Industrial _____ Other _____

Existing and number of structures on property under consideration: Houses _____

Garages _____ Signs _____ Others _____

***AN APPLICATION SHALL NOT BE OFFICIALLY RECEIVED UNLESS ALL PORTIONS
ARE COMPLETED, WITH ALL ATTACHMENTS, AND FEE IS PAID.***

***ANY CHANGES MADE AFTER THE ORIGINAL PLANS WERE APPROVED
MUST BE RESUBMITTED TO THE ZONING OFFICER***

Application shall be submitted on forms provided by the Borough together with ten copies of a plot plan of the property which is drawn to scale on a paper 8½" X 14" and contain the following:

- _____ a. Dimensions of all property lines
- _____ b. Utility right-of-ways and their widths
- _____ c. Street right-of-ways and widths
- _____ d. Width of street paving (cartway)
- _____ e. Location of sidewalks and driveways
- _____ f. Location and dimensions of all buildings and structures
- _____ g. Location and size of all waterways, streams, drainage facilities and other storm water controls
- _____ h. Existing contours and any changes to be made in elevations.
- _____ i. Names of adjacent property owners
- _____ j. Existing use of adjacent properties
- _____ k. Means of access to public road
- _____ l. Off street parking areas, location and number of spaces
- _____ m. All other such information as may be determined necessary by the Zoning Hearing Board

I/We, the undersigned applicant(s) am/are the owner(s) of the above described property and verify that the statements set forth in this application are true and correct. I/We understand that false statements herein are made subject to the penalties of 18 PA C.S.A. and 4904 relating to unsworn falsification to the authorities. I permit agents of the Borough to verify such information on the site and in the field.

Signature of Applicant(s)	Date
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Office Use:

County Tax Identification Number _____

Date Received: _____ Fee: _____