

BOROUGH OF LEESPORT

INCORPORATED - 1901

27 S. CANAL STREET

P O BOX 710

LEESPORT PA 19533

610-926-2115

FAX 610-916-3055

leesportboro@comcast.net

www.co.berks.pa.us/leesport

INSTRUCTIONS FOR COMPLETION OF APPLICATION TO ZONING HEARING BOARD

THE APPLICATION MUST BE FILED IN DUPLICATE. ALL BLANKS MUST BE COMPLETED. IF THE PARAGRAPH IS NOT APPLICABLE, THEN THE WORDS, "NOT APPLICABLE OR N/A" SHOULD BE ENTERED.

SUBMIT TWO SIGNED COPIES OF THE COMPLETE APPLICATION, TWO COPIES OF THE DENIAL LETTER, AND TWO COPIES OF THE PLOT PLAN, TOGETHER WITH THE FILING FEE, TO THE LEESPORT BOROUGH SECRETARY OR DESIGNEE, 27 S CANAL ST LEESPORT, PA 19533.

IF THE APPLICATION IS NOT COMPLETE OR YOU HAVE NOT SUBMITTED THE FILING FEE, THE APPLICATION MAY BE REJECTED AND RETURNED TO YOU.

YOU WILL BE NOTIFIED BY MAIL OF THE DATE, TIME AND PLACE OF YOUR HEARING.

FEEES:

Residential Property \$1,800

Commercial Property \$2,000

DATE: _____

TIME: _____ AM PM

CHECK # _____ **CASH** _____

BORO SECRETARY OR DESIGNEE

APPLICANT SIGNATURE

TO BE COMPLETED ONLY BY THE BOROUGH OF LEESPORT:

APPLICATION NO. _____ **DATE FILED:** _____ **TIME FILED** _____

APPLICATION TO ZONING HEARING BOARD

**LEESPORT BOROUGH
BERKS COUNTY, PENNSYLVANIA**

1. DATE: _____

2. TYPE OF APPLICATION (CHECK ONE OR MORE AS APPLICABLE):

A. _____ APPLICATION FOR A **VARIANCE** FROM THE TERMS OF THE ZONING ORDINANCE. CITE SECTION OF ZONING ORDINANCE INVOLVED:

B. _____ APPLICATION FOR **SPECIAL EXCEPTION** UNDER THE ZONING ORDINANCE. CITE SECTION OF ZONING ORDINANCE INVOLVED:

C. _____ APPEAL FROM: _____

3. APPLICANT(S):

NAME(S) _____

MAILING ADDRESS _____

TELEPHONE NUMBER _____

LEGAL STATUS OF APPLICANT(S) (CHECK ONE)

_____ OWNER(S) OF LEGAL TITLE.

_____ OWNER(S) OF EQUITABLE TITLE.

_____ TENANT(S) WITH PERMISSION OF OWNER OF LEGAL TITLE.

_____ OTHER (DESCRIBE) _____

4. ATTORNEY, IF ANY, FOR APPLICANT(S):

NAME _____

MAILING ADDRESS: _____

TELEPHONE NUMBER: _____

5. OWNER(S) OF LEGAL TITLE OF SUBJECT PROPERTY (if other than Applicant(s):

NAME _____

MAILING ADDRESS _____

TELEPHONE NUMBER: _____

6. SUBJECT PROPERTY:

PRESENT ZONING DISTRICT CLASSIFICATION _____

NUMBER AND STREET ADDRESS: _____

LOCATION, WITH REFERENCE TO NEARBY INTERSECTIONS OR PROMINENT

FEATURES: _____

TAX PARCEL NO.: _____

DIMENSIONS:

AREA: _____

FRONTAGE: _____

DEPTH: _____

7. DESCRIBE THE MANNER IN WHICH PROPOSED IMPROVEMENTS, ADDITIONS, USE AND/OR OTHER DEVELOPMENT DIFFER FROM THAT PERMITTED AS OF RIGHT.

8. **STATE THE FACTUAL AND LEGAL GROUNDS BELIEVED TO SUPPORT THIS APPLICATION, INCLUDING CITATIONS TO SPECIFIC SECTIONS OF THE ZONING ORDINANCE, SUBDIVISION ORDINANCE, OR OTHER ORDINANCES OR ACTS RELIED UPON.**

9. **ATTACH COPY OF ZONING OFFICERS DENIAL LETTER.**

10. **ATTACH PLOT PLAN OF PROPERTY SHOWING PRESENT AS WELL AS PROPOSED IMPROVEMENTS (WITH DIMENSIONS).**

I /WE HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY/OUR KNOWLEDGE, INFORMATION AND BELIEF.

APPLICANT(S):

CONSENT OF OWNER(S) OF LEGAL TITLE

(To be completed if the Applicant(s) is/are not the owner(s) of legal title of the subject property.)

I/We hereby represent and acknowledge that I/We am/are the owner(s) of legal title of the subject property of this Application, and that I/We hereby consent to the filing of this Application by the Applicant(s) named herein.

OWNER(S) OF LEGAL TITLE:

