

**ZONING HEARING BOARD  
OF THE  
CITY OF ALIQUIPPA  
BEAVER COUNTY, PENNSYLVANIA**

**TO: The Zoning Hearing Board  
Aliquippa Municipal Building  
581 Franklin Avenue  
Aliquippa, PA 15001**

**Appeal/Application No.:** \_\_\_\_\_

**(APPLICANT MUST CHECK EACH TYPE OF ACTION WHICH APPLIES)**

- \_\_\_\_\_ Appeal from decision of Zoning Officer
- \_\_\_\_\_ Application for variance
- \_\_\_\_\_ Application for special exemption
- \_\_\_\_\_ Application for conditional use
- \_\_\_\_\_ Challenge to validity of Zoning Ordinance or Map
- \_\_\_\_\_ Unified Appeal
- \_\_\_\_\_ Other Application

**(APPLICANT IS REQUIRED TO COMPLETE PARAGRAPHS 1-9)**

1. **Owner (s) of property name** \_\_\_\_\_

2. **Authorized Agent of owner (s)** \_\_\_\_\_

3. **Address of Owner (s)** \_\_\_\_\_ **Address of Agent** \_\_\_\_\_

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

**Telephone ( )** \_\_\_\_\_ **Telephone ( )** \_\_\_\_\_

4. **The ownership of the subject premises is identified here:**

**Prior Owner (s) Name (s):** \_\_\_\_\_

**Date of Deed to Present Owner (s):** \_\_\_\_\_

**Recording of Deed to Present Owner (s):** Volume \_\_\_\_\_ Page \_\_\_\_\_

**A photocopy of the deed to the present property owner (s) is attached to this application and made a part thereof.**

5. \_\_\_\_\_ Applicant certifies that applicant is the owner of the property.

\_\_\_\_\_ Applicant certifies that the applicant is not the owner, but has a proprietary interest in property. Applicant indicates below the nature and character of such interest and has attached a photocopy of the document which verifies applicant's interest.

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

6. Mailing address of property: \_\_\_\_\_

\_\_\_\_\_

7. \_\_\_\_\_ The property is not in a recorded subdivision.

\_\_\_\_\_ The property is in a recorded subdivision. State the following:

Number (s) of your lot (s): \_\_\_\_\_

Subdivision is filed Plan Book Volume \_\_\_\_\_, Page \_\_\_\_\_

A photocopy of the subdivision is attached to this application and made a part hereof.

8. Beaver County Tax Parcel No. of subject real estate:

08-\_\_\_\_\_ Verified by: \_\_\_\_\_

Secretary

9. The Zoning District Classification of property is:

\_\_\_\_\_ R-1 Single Family Residential

\_\_\_\_\_ R-2 General Residential

\_\_\_\_\_ R-3 Multi-Family Residential

\_\_\_\_\_ C-1 Central Business District Commercial

\_\_\_\_\_ C-2 Community Commercial

\_\_\_\_\_ C-3 Highway Commercial

\_\_\_\_\_ C-4 Limited Commercial

\_\_\_\_\_ TO Transitional Overlay

- I Industrial
- IS2 Industrial Service District
- C Conservation
- IE Institutional Educational

(APPLICANT IS ONLY REQUIRED TO COMPLETE PARAGRAPHS 10-16 )

(WHICH APPLY)

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

Yes  No

Appeal from disapproval of following permit:

Building (Zoning) Permit Application No. \_\_\_\_\_

Occupancy Permit Application No. \_\_\_\_\_

Temporary Permit Application No. \_\_\_\_\_

Sign Permit Application No. \_\_\_\_\_

Other Permit Application No. \_\_\_\_\_

Date of Decision of Zoning Officer \_\_\_\_\_

Attach a copy of the entire application for the permit including Zoning Officer's decision. 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)

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

Yes  No

Appeal from any other decision of Zoning Officer:

Specify the nature of the request and decision:

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

Date of decision of Zoning Officer: \_\_\_\_\_

Attach a copy of the entire application for relief including Zoning Officer's decision. 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)

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

11. If the application is for a variance, specify all appropriate categories:

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

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

Relief is sought from the following Section(s) of the Zoning Ordinance:

Section(s) \_\_\_\_\_ Subsection (s) \_\_\_\_\_

Section(s) \_\_\_\_\_ Subsection(s) \_\_\_\_\_

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

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

Specify the precise intended purposes for the variance:

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

State the precise nature of the unique hardship upon which your claim is based: (Applicant waives any hardship not specified)

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

12. If the application is for a special exception, specify all appropriate categories: (Applicant waives any relief not specified)

Relief is requested from Section(s) of the Zoning Ordinance:

\_\_\_\_\_

Section(s) \_\_\_\_\_ Subsection(s) \_\_\_\_\_

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

Specify the precise intended purposes for the special exception:

13. If the application is for a conditional use, specify all appropriate categories: (Applicant waives any relief not specified)

Relief is requested from Section(s) of the Zoning Ordinance:

Section(s) \_\_\_\_\_ Subsection(s) \_\_\_\_\_

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

Specify the precise intended purposes for the conditional use:

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

\_\_\_\_\_ The Zoning Map of the City of Aliquippa

\_\_\_\_\_ The Zoning Ordinance of the City of Aliquippa

In the following particulars and for the following reasons:

15. 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:

Section(s) \_\_\_\_\_ Subsection(s) \_\_\_\_\_

Requirements:

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

16. 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:

Section(s) \_\_\_\_\_ Subsection(s) \_\_\_\_\_

Relief:

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

(APPLICANT MUST COMPLETE ALL REMAINING PARAGRAPHS)

17. Applicant has attached hereto and made a part hereof a layout or plot drawn to scale and seven (7) reduced in size copies 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.

18. Has any previous application for relief been filed with the Zoning Hearing Board for the subject property which may relate to the present application?

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

If Yes, specify the following details:

Application Number: \_\_\_\_\_

Nature and character of the previous application:

---

---

Date of Zoning Hearing Board decision: \_\_\_\_\_

Nature and character of the decision on application:

---

---

19. Has any part of this matter been submitted to the City of Aliquippa Planning Commission for review and/or approval?

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

If Yes, specify the following details:

Date of submittal: \_\_\_\_\_

Reason for submittal: \_\_\_\_\_

Commission Action: \_\_\_\_\_

Date of Commission Action: \_\_\_\_\_

Applicant has attached copies of all written documentation received from the City of Aliquippa Planning Commission.

---