

APPEAL TO ZONING HEARING BOARD

Borough of Collegeville
491 E. Main Street
Collegeville, PA 19426-2645
610.489.9208 Fax: 610.489.6661 www.collegeville-pa.gov

1. **Date of Application:** _____

2. **Classification of Appeal** (Check 1 or more):

_____ Request for Special Exception

_____ Appeal Zoning Officer's Decision

_____ Request for Variance

_____ Challenge to Validity of Ordinance/Map

_____ Other (Specify): _____

3. **Applicant:**

Name: _____

Mailing Address: _____

Telephone Number: _____

State Owner of Legal Title, if other than Applicant: _____

(If Applicant is not the owner, attach a copy of document providing equitable title)

4. **Applicant's Attorney:**

Name: _____

Mailing Address: _____

Telephone Number: _____

5. **Property:**

Location: _____

Present Zoning Classification: _____

Area: _____

Frontage: _____

Depth: _____

Descriptions of the current use and the existing improvements on the property: _____

Description of the proposed use and the proposed improvements (if different): _____

6. **Legal Grounds for Appeal:** _____

6a. State each Section of the Zoning Ordinance involved in the application and the specific interpretation or relief requested: _____

7. For a variance, state the specific hardship claimed: _____

8. Has any previous appeal been filed in connection with this property? Yes No

If yes, date and specifics: _____

9. For a validity challenge, list the exact issue of fact to be interpreted and attach to this application.

10. Is public water available to this property? _____ Yes _____ No

10a. Is public sewer available to this property? _____ Yes _____ No

11. Does this application involve a proposed subdivision? _____ Yes _____ No

If so, has a subdivision plan been filed with the Borough? _____ Yes _____ No

I/We hereby certify that the above information is true and correct to the best of my/our knowledge, information or 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) names herein.

Owner(s) of Legal Title:

Date: _____

CHECKLIST FOR ZONING HEARING BOARD SUBMISSIONS

TEN (10) copies of the following:

- Application**
- Property Deed(s)**
- Plot Plan**
- Development/Improvement Plan**
- Property Owner Address Label List: List of all property owners (name & address) within five hundred (500) feet of the applicant's land on standard stick-on address labels.**
- Fee (listed below) submitted with the application.**

The application is not considered complete until all items listed above are submitted.

Fee Schedule
(Resolution 2006-08)

Zoning Hearing Board (Variance, Special Exception, Enforcement Notice, and any other type of appeal)

- Residential \$500.00
- Non-Residential \$1,000.00
- Hearing Postponement \$150.00

Specific Types of Zoning Appeals

- Challenge to Validity of Zoning Ordinance Map \$2,500.00
- Request for a Change of Zoning \$2,500.00
- Curative Amendment \$5,000.00
- Hearing Postponement \$150.00