

City of Washington-Zoning Board of Adjustment Hearing Application

FEE-\$750

Date of Application	Name of Applicant	
Applicant Address		Phone
Name of Landowner		Phone
(If landowner is not appli	cant, authorization to act on landow	vner's behalf must be presented with applicaction)
Landowner Address		Email
Type of Applicatoin (chec	k one)	
Interpretation U	se by Special Exception Vari	ance
Cite all applicable section	s of Zoning Ordinance	-
Describe Property for wh	ich application is filed:	
Location		Zone
Parcel #	Lot Size	Present Use
Proposed Use	Costs of Proposed Work	
Existing Improvments on	land (home, garage, parking lot, etc	.)
Justification for Request:	(Include grounds for appeal, and if h	nardship is claimed please state)
	n been filed for this property?	

PLEASE PROVIDE THE NAMES AND ADDRESS OF OWNERS OF PROPERTY WITHIN 300 FEET FORM THE EXTERIOR LIMITS OF THE PROPERTY FOR WHICH THIS APPLICATION IS FILED AS SHOWN ON THE LATEST ASSESSMENT ROLLS OF THE COUNTY OF WASHINGTON, PENNSYLVANIA.

NAME	ADDRESS	
MAKE CHECKS PAYABLE TO: THE CITY OF WA	ASHINGTON AND MAIL TO 55 W. MAIDEN ST. WASHINGTON, PA 15301	
Official Use Only		
Date Recieived He	earing Date	
	mber Reviewed by	
Commonwealth of Pennsylvania-Affidavi		
I hereby depose and say that all the abov	ve statements and attached statement and/or exhibits submitted ar	
true and correct, to the best of my know	rledge and belief.	
Sworn to and subscribed before me on _	by	
Public Notary	Applicant or Agent	
	My Commission expires	