



City of Washington-Zoning Board of Adjustment

Hearing Application

\$1,000.00 Hearing Fee + \$2,500.00 to be held in Escrow to pay hearing costs
MUST PAY WITH TWO SEPARATE CHECKS MADE PAYABLE TO CITY OF WASHINGTON

Date of Application _____ Name of Applicant _____

Applicant Address _____ Phone _____

Name of Landowner _____ Phone _____

(If landowner is not applicant, authorization to act on landowner's behalf must be presented with application)

Landowner Address _____ Email _____

Type of Application (check one)

Interpretation _____ Use by Special Exception _____ Variance _____

Cite all applicable sections of Zoning Ordinance _____

Describe Property for which application is filed:

Location _____ Zone _____

Parcel # _____ Lot Size _____ Present Use _____

Proposed Use _____ Costs of Proposed Work _____

Existing Improvements on land (home, garage, parking lot, etc.) _____

Justification for Request: (Include grounds for appeal, and if hardship is claimed please state)

Has a previous application 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 WASHINGTON AND MAIL TO 55 W. MAIDEN ST. WASHINGTON, PA 15301

Official Use Only

Date Recieived _____ Hearing Date _____

Fee Paid _____ Check Number _____ Reviewed by _____

Commonwealth of Pennsylvania-Affidavit

I hereby depose and say that all the above statements and attached statement and/or exhibits submitted are true and correct, to the best of my knowledge and belief.

Sworn to and subscribed before me on _____ by _____.

Public Notary

Applicant or Agent

My Commission expires _____