

Allentown
City without limits.

Bureau of Planning and Zoning
435 Hamilton Street
Allentown PA 18101-1699
610.437.7630 Fax 610.437.8781

ZONING HEARING BOARD APPEAL CHECKLIST

A complete Zoning Hearing Board Appeal must have the following information. Please return this checklist with your completed appeal form and check made payable to the City of Allentown.

3 SIGNED APPEAL FORMS TO INCLUDE THE FOLLOWING:

- APPLICATION NUMBER - Received from Zoning Office upon submission of COMPLETED appeal.
- ZONING DISTRICT
- LOT SIZE
- NAME, ADDRESS AND DAYTIME PHONE NUMBER OF APPLICANT
- NAME, ADDRESS AND DAYTIME PHONE NUMBER OF OWNER
- REASON FOR REQUEST - Including, but not limited to location, size, and lighting of ALL signs, hours of operation, and any other information relevant to the request.
- SIGNATURE OF APPLICANT and/or OWNER

PLANS

- SITE PLAN - Must show all dimensions of property, including existing and/or proposed parking. If no on-site parking exists or is proposed, please note.
- FLOOR PLAN - Must show all dimensions and uses of each room in interior of building, including hallways, basement height, and stairways.

STANDING OF PARTIES INVOLVED (please attach copy)

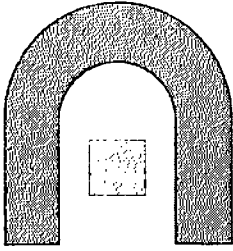
- Lease agreement
- Proof of ownership

PAYMENT

- Check for \$450 (or \$140 for appeals related to premises used as single family dwelling), made out to the City of Allentown.

OFFICE USE ONLY

- COMPLETED FILE
- CHECK RECEIVED
- ZONING OFFICER INITIALS
- ALL PREVIOUS ZONING HEARING BOARD FILES PULLED
- 3 COLORED MAPS COMPLETED (SHOWING DIMENSIONS)
- LABELS COMPLETED



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ZONING HEARING BOARD

Property Address _____

Application # _____

Zoning District _____

Lot Size _____

APPLICANT: NAME _____
 ADDRESS _____
 PHONE # _____

OWNER: NAME _____
 ADDRESS _____
 PHONE # _____

NOTICE OF APPEAL

TO: THE ZONING HEARING BOARD OF THE CITY OF ALLENTOWN, PA

I hereby appeal from the ruling of the ZONING OFFICE, entered on (date) _____
denying the proposed construction and/or use on the subject property described herewith,

and I hereby specify the following reasons for so doing:

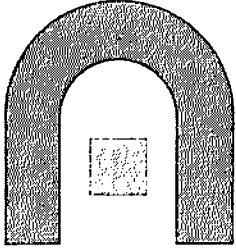
You are hereby requested to fix a time for hearing of this appeal as required by law and ordinance

SIGNATURE OF OWNER

SIGNATURE OF APPLICANT

NOTE: Please return signed NOTICE OF APPEAL form to the Zoning Office. ATTACH a sketch of proposed work.





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RE: Application No. _____

I hereby waive the requirements in the Municipalities Planning Code to hold a hearing for my case before the Allentown Zoning Hearing Board within sixty (60) days of my application date.

DATE

SIGNATURE

Site Address: _____

