

Bureau of Planning and Zoning 435 Hamilton Street Allentown, Pennsylvania 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.

SIGNED APPEAL FORMS TO INCLUDE THE FOLLOWING:

| - | APPLICATION NUMBER – Received from the Zoning office upon submission of completed appeal. |
|-------------|---|
| - | ZONING DISTRICT LOT SIZE |
| - - - | NAME, ADDRESS, PHONE # & EMAIL OF APPLICANT NAME, ADDRESS, PHONE # & EMAIL 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, including the total square footage of each use. |
| STANDI | NG OF PARTIES INVLOVED (Please attach copy) |
| - | Lease Agreement Proof of Ownership and/or Deed or Agreement of Sale |
| PAYMEI | NT |
| - | Check for \$500 (or \$150 for appeals related to premises used as an owner-occupied single family dwelling), payable to the City of Allentown |