



OHIO TOWNSHIP
 1719 Roosevelt Road
 Pittsburgh, PA 15237
 (412)364-6321 // www.ohiotwp.org

ZONING HEARING BOARD APPLICATION

TYPE OF APPLICATION (CHECK ONE):

Variance Special Exception Validity Challenge Appeal from Municipal Action PRD

APPLICANT INFORMATION

*NAME: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

APPLICABLE SECTIONS OF ZONING ORDINANCE: _____

*If applicant is *not* the property owner, authorization to act on property owner's behalf must be presented with the application.

PROPERTY INFORMATION FOR WHICH APPLICATION IS FILED

OWNER: _____

ADDRESS: _____

ZONING DISTRICT (PER TWP ZONING MAP): _____ LOT SIZE (SQ. FT.): _____

PRESENT USE: _____

PROPOSED USE: _____

JUSTIFICATION FOR REQUEST (Grounds for appeal. State specific physical hardship for variance): _____

HAS A PREVIOUS APPLICATION BEEN FILED FOR THIS PROPERTY? _____

SUBMIT THE FOLLOWING WITH THIS APPLICATION:

Permit Fee List of Names and Addresses of property owners within 300' from exterior limit of the property

_____ (City, Borough, Township) County of _____, Pennsylvania I, _____, hereby depose and say that all of the above statements and statements contained in the papers submitted herewith are true to the best of my knowledge and belief. APPLICANT SIGNATURE: _____ Subscribed and sworn to before me this _____ day of _____, 20____ My Commission Expires: _____ Notary Public: _____
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