

# Trappe Borough

525 West Main Street Trappe, PA 19426  
Phone: 610.489.7181 Fax: 610.489.8827  
Website: [www.trappeborough.com](http://www.trappeborough.com)



## APPLICATION TO THE **Zoning Hearing Board** [Trappe Borough Code Article XIII, §340-84 to §340-94]

### **INSTRUCTIONS**

1. **APPLICATION:** Complete the Information Sheets (*pages 2, 3 & 4*), Application Narrative, Items 1, 2, 3 and 4 (*pages 5, 6, 7 & 8*), in their entirety. Please sign and date the application (*page 8*) and submit ten (10) complete copies to the Borough.
2. **PLAN SUBMISSION REQUIREMENTS:** Submit to the Borough ten (10) copies of any plan, drawing, document, diagram, photograph and any other information to be presented to the Zoning Hearing Board.
3. **MAILING LABELS:** Submit to the Borough three (3) sets of mailing labels that include the following:
  - (a) All owner(s), current tenant(s), businesses and/or occupants for all properties/lots located on both sides of the same street within 500feet of the subject property/lot or building; and
  - (b) All owner(s), current tenant(s), businesses and/or occupants for all properties/lots located NOT on the same street but within a 150 foot radius, which would include properties in front, catty cornered and behind on all sides of the subject property/lot or building.
4. **PROOF OF OWNERSHIP:** If the Applicant is owner of the property in question, please attach a copy of the Deed to the property; if the Applicant is owner of equitable title, or tenant with permission of owner of legal title, please attach proof of equitable ownership or lease.
5. **OWNER'S AUTHORIZATION:** When an APPLICANT is **NOT** the owner of record, an "Owner Authorization" form must be completed by the OWNER(s), and the form with the owner's original signature must submitted with the application. Faxed forms are not acceptable. See, "Owner Authorization" form.
6. **APPLICATION FEES:** All permit fees must be submitted with the application. See "Fee Schedule" for application fees" (*available at [www.trappeborough.com](http://www.trappeborough.com) – click on "Forms, Permits, Maps" link on left side*). Please note that the *Fee Schedule* is updated annually. Accordingly, please make sure you are using the current year *Fee Schedule*. The most current "Fee Schedule" is available on the Borough website at [www.trappeborough.com](http://www.trappeborough.com). **Checks should be made payable to "Borough of Trappe"**. PLEASE NOTE: All application fees must be paid by check.
7. For additional information regarding the Zoning Hearing Board, see *Trappe Borough Code Article XIII, §340-84 to §340-94*.

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## **ZONING HEARING BOARD APPLICATION** (PLEASE TYPE OR PRINT LEGIBLY)

### RELIEF BEING SOUGHT

**Check all that apply:**

- VARIANCE
- SPECIAL EXCEPTION
- APPEAL A DECISION OF THE ZONING OFFICER
- ORDINANCE/MAP VALIDITY CHALLENGE
- CERTIFICATE OF NON-CONFORMITY
- OTHER \_\_\_\_\_  
\_\_\_\_\_

### APPLICANT INFORMATION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE NUMBERS: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

(Work) \_\_\_\_\_ (Fax) \_\_\_\_\_

E-MAIL: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### OWNER INFORMATION (If different from Applicant above)

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE NUMBERS: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

(Work) \_\_\_\_\_ (Fax) \_\_\_\_\_

E-MAIL: \_\_\_\_\_

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## ZONING HEARING BOARD APPLICATION (Continued)

(PLEASE TYPE OR PRINT LEGIBLY)

### PROPERTY INFORMATION

PROPERTY ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

TAX PARCEL NO(s). \_\_\_\_\_

DEED BOOK : \_\_\_\_\_ DEED PAGE: \_\_\_\_\_

BLOCK NO. : \_\_\_\_\_ UNIT NO: \_\_\_\_\_

ZONING DISTRICT: \_\_\_\_\_ LOT FRONTAGE: \_\_\_\_\_

LOT SIZE: \_\_\_\_\_ LOT DEPTH: \_\_\_\_\_

CURRENT USE(S): \_\_\_\_\_

PROPOSED USE(S): \_\_\_\_\_

CURRENT IMPROVEMENTS: \_\_\_\_\_

PROPOSED IMPROVEMENTS: \_\_\_\_\_

### CONSULTANT INFORMATION

ENGINEER: \_\_\_\_\_

FIRM NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBERS: (Work) \_\_\_\_\_ (Fax) \_\_\_\_\_

E-MAIL: \_\_\_\_\_

ATTORNEY: \_\_\_\_\_

FIRM NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBERS: (Work) \_\_\_\_\_ (Fax) \_\_\_\_\_

E-MAIL: \_\_\_\_\_

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## ZONING HEARING BOARD APPLICATION (Continued) (PLEASE TYPE OR PRINT LEGIBLY)

### APPLICATION FEE

All permit fees must be submitted with the application. See "**Fee Schedule**" for application fees" (available at [www.trappeborough.com](http://www.trappeborough.com) – click on "Forms, Permits, Maps" link on left side). Please note that the *Fee Schedule* is updated annually. Accordingly, please make sure you are using the current year *Fee Schedule*. The most current "**Fee Schedule**" is available on the Borough website at [www.trappeborough.com](http://www.trappeborough.com). You will need to determine whether your application is for a residential or commercial property and pay the appropriate fees. **Checks should be made payable to "Borough of Trappe"**. PLEASE NOTE: All application fees must be paid by check.

### FOR BOROUGH USE ONLY:

Application Fee: \$ \_\_\_\_\_

Paid: Check №: \_\_\_\_\_ Date: \_\_\_\_\_ Amount \$ \_\_\_\_\_ Approved: \_\_\_\_\_

**\*\*Please make checks payable to Trappe Borough\*\***

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## **ZONING HEARING BOARD APPLICATION (Continued)** (PLEASE TYPE OR PRINT LEGIBLY)

### APPLICATION NARRATIVE

#### **NARRATIVE ITEM 1: PLEASE DO NOT LEAVE THIS NARRATIVE ANSWER BLANK.**

IDENTIFY EACH SECTION OF THE ZONING ORDINANCE INVOLVED WITH THIS APPLICATION, AND FOR EACH SECTION DENOTE THE RELIEF SOUGHT.

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## **ZONING HEARING BOARD APPLICATION (Continued)** (PLEASE TYPE OR PRINT LEGIBLY)

### APPLICATION NARRATIVE

#### **NARRATIVE ITEM 2: PLEASE DO NOT LEAVE THIS NARRATIVE ANSWER BLANK.**

STATE THE LEGAL GROUNDS UPON WHICH THE ABOVE-NOTED RELIEF SHOULD BE GRANTED.

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### APPLICATION NARRATIVE

### **NARRATIVE ITEM 3: PLEASE DO NOT LEAVE THIS NARRATIVE ANSWER BLANK.**

IF A VARIANCE IS BEING REQUESTED, STATE THE SPECIFIC HARDSHIP CLAIMED AND THE REASONS WHY A VARIANCE SHOULD BE GRANTED

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(PLEASE TYPE OR PRINT LEGIBLY)

### APPLICATION NARRATIVE

**NARRATIVE ITEM 4: PLEASE DO NOT LEAVE THIS NARRATIVE ANSWER BLANK.**

HAS ANY PREVIOUS ZONING APPEAL OR ZONING HEARING BOARD APPLICATION BEEN FILED WITH THIS PROPERTY?     YES     NO

IF YES, DETAIL BELOW:

The undersigned Applicant hereby attests that all information included as part of this application made to the Zoning Hearing Board is true to the best of Applicant's knowledge, understanding and belief.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_