

Trappe Borough

525 West Main Street Trappe, PA 19426
Phone: 610.489.7181 Fax: 610.489.8827
Website: www.trappeborough.com



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: Ryan Patrick & Bailey Patrick

ADDRESS: 244 W 5th Avenue
Trappe, PA 19426

PHONE NUMBERS: (Home) (570) 561-6471 (Cell) (570) 877-1503
(Work) _____ (Fax) _____

E-MAIL: rpbp244@gmail.com

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)

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PROPERTY INFORMATION

PROPERTY ADDRESS: 244 W 5th Avenue, Trappe, PA 19426

MAILING ADDRESS: 244 W 5th Avenue, Trappe, PA 19426

TAX PARCEL NO(S): 23-00-00328-00-9

DEED BOOK : 6220 DEED PAGE: 56

BLOCK NO. : _____ UNIT NO: _____

ZONING DISTRICT: R-1 low density residential LOT FRONTAGE: 125 ft

LOT SIZE: 0.7461 acres LOT DEPTH: 260 ft

CURRENT USE(S): Primary Residence

PROPOSED USE(S): Primary Residence

CURRENT IMPROVEMENTS: N/A

PROPOSED IMPROVEMENTS: Addition to residence

CONSULTANT INFORMATION

ENGINEER: _____

FIRM NAME: Carroll Engineering Corporation

ADDRESS: 949 Easton Rd, Warrington, PA 18976

PHONE NUMBERS: (Work) 215-343-5700 (Fax) _____

E-MAIL: _____

ATTORNEY: _____

FIRM NAME: _____

ADDRESS: _____

PHONE NUMBERS: (Work) _____ (Fax) _____

E-MAIL: _____

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APPLICATION FEE

All permit fees must be submitted with the application. See "**Fee Schedule**" for application fees" (available at 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. 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)

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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.

The sideyard setbacks are 25 ft per the zoning ordinance. We are requesting a 13 ft side yard setback on the south side of the property as shown on the plan prepared by Carroll Engineering Corporation.

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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.

“The variance, if authorized, will not alter the essential character of the neighborhood, or district in which the property is located, nor substantially or permanently impair the appropriate use or development of adjacent property, nor be detrimental to the public welfare”

-Richard Gutekunst, The Self-Inflicted Hardship Rule in Pennsylvania Variance Law, 27 Vill. L. Rev. 156 (1981).

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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

Requesting a variance for an addition to our primary residence due to draining and flooding issues in area where we would like to do the addition. In addition to the drainage issues, we would like to add more space to start a family and make this our forever home. By receiving the variance, it will allow us to solve the drainage issues and create more space for our growing family.

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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: 2-7-24

Print Name: Ryan Patrick & Bailey Patrick