



# LOWER NAZARETH TOWNSHIP PLANNING & ZONING OFFICE

623 MUNICIPAL DRIVE, SUITE 200  
NAZARETH, PA 18064  
TELEPHONE: 610-759-7434  
FAX: 610-746-3317

## ZONING HEARING BOARD APPEAL APPLICATION

\_\_\_\_\_  
Applicant's Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State & Zip Code

( ) \_\_\_\_\_  
Phone Number

( ) \_\_\_\_\_  
Fax Number

\_\_\_\_\_  
Email Address

<u>TOWNSHIP USE ONLY</u>	
Appeal #:	_____
Advertised Dates:	_____
Fee Paid:	<input type="checkbox"/> Cash <input type="checkbox"/> Check _____
	Receipt # _____
Received Stamp	[ ]

The following is a list of questions designed to assist you and the Zoning Hearing Board in the efficient and speedy review of your appeal. Please thoroughly answer all questions which are applicable to your appeal. If you believe the question does not pertain to your appeal, please answer "Not Applicable" where provided. **All questions must be answered to consider this appeal form complete. Please type or print clearly. Applications will be returned if illegible.**

A complete site plan must be attached to this application. Please refer to Section 3 of the Lower Nazareth Township Zoning Appeal Procedures and Policy for this requirement.

### Please complete the following questions:

- What is the applicant's interest in the premises affected?**  
 Owner     Equitable Owner     Tenant     Other
- Property Owner:** \*\*\* **Please Note:** If the applicant is not the property owner, the applicant must provide a signed and notarized letter from the property owner stating his/her permission to allow this applicant to represent the property owner at this zoning appeal with this submission.  
 Owner's Consent Attached  
Name: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: ( ) \_\_\_\_\_ Alternate Phone #: ( ) \_\_\_\_\_ Fax #: ( ) \_\_\_\_\_

3. **Attorney or Counsel:**

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ Alternate Phone #: (\_\_\_\_) \_\_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_\_

4. **Property Information**

Location: \_\_\_\_\_  
(Street Address)

Tax Map ID: \_\_\_\_\_ Lot Size: \_\_\_\_\_

Present Use: \_\_\_\_\_ Zoning District: \_\_\_\_\_

Date of when Present Use began: \_\_\_\_\_

Date of acquisition of this property by the owner: \_\_\_\_\_

List each structure and its use currently located on this property: \_\_\_\_\_

\_\_\_\_\_

5. **Has any previous appeal been filed in connection with this property?**  No  Yes

If yes, \_\_\_\_\_  
(List applicant's name, date & nature of appeal)

\_\_\_\_\_

6. **Type of Appeal Sought:**

- |   |  |
|---|--|
| <input type="checkbox"/> Variance Appeal _____                    | <input type="checkbox"/> Enforcement Notice Appeal _____ |
| <input type="checkbox"/> Special Exception Appeal _____           | <input type="checkbox"/> Other Appeal _____              |
| <input type="checkbox"/> Interpretation of Zoning Ordinance _____ |  |

List all sections of the Lower Nazareth Township zoning ordinance and any other township ordinances in which you are seeking zoning relief from:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. State in narrative form the nature of your appeal including the primary relevant facts intended to be presented to the Zoning Hearing Board. Please include a description of all explosive or toxic materials to be stored on this site. Please make reference to your attachment if additional space is needed.

\_\_\_\_\_  
\_\_\_\_\_

8. What is the exact use proposed for the property? List hours of operation, number and type of employees, business equipment to be used or stored at the site, nature of normal business operations. (Please reference to your attachment if additional space is needed.)

\_\_\_\_\_  
\_\_\_\_\_

9. What type of sewage and water facilities are available on the property? If no facilities are present, please refer to question 16.

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10. Are there any outstanding state or federal violations cited on this property at the time of this application?

No  Yes \_\_\_\_\_ If yes, please explain these violations below:

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11. Are any additional state, federal or other permits required to operate the proposed use or construct the structure?

No  Yes \_\_\_\_\_ If yes, please provide the list of permits (and their status) required to operate the proposed use or structure.

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12. Describe the landscaping and type of landscape buffering proposed for this property, if any. If no change is proposed with this application, check here:  Not Applicable

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13. What is the character of the buildings and uses on abutting properties and what is the general character of the surrounding neighborhood? (Please reference to your attachment if additional space is needed.)

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14. What will the impact of this use be on existing traffic patterns and volumes and has a traffic study been done which complies with the Lower Nazareth Township Ordinance for this Zoning Appeal? Also, please specify the amount of parking spaces and unloading areas as specified in the 1995 Lower Nazareth Township Zoning Ordinance.

If no change or impact is proposed with this application, check here:  Not Applicable

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15. What will the impact of this use be on existing stormwater infrastructure? Has a stormwater engineering study been done that complies with Act 167 and has this plan been submitted to Lehigh Valley Planning Commission for their review? If no change or impact is proposed with this application, check here:  Not Applicable

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16. What will the impact of this use be on existing sewage or potable water infrastructure? \_\_\_\_\_

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Does this project comply with Act 537 and has the applicant secured DEP Sewage Facilities Planning Module approval?  No  Yes  Not Applicable

Will this project need municipal water or will individual wells be supplied to each dwelling unit or building?

No  Yes  Not Applicable

(Item #16 cont'd)

If a private water and sewer system is proposed, please indicate this within this section. \_\_\_\_\_

An engineering study and plan should be done prior to the submission of this appeal for sewer and water supplied, in order to supply the information needed for the Zoning Board to grant approval of the zoning appeal.

17. What degree will the proposed use emit smoke, dust, odor or other air pollutants, noise, vibration, light, electrical disturbances, water pollutants, or chemical pollutants? Such evidence may include the proposed use of proven special structural or technological innovations. Please provide specific and detailed information on all of the aforementioned topics. Please reference to your attachment if additional space is needed. If no change or impact is proposed with this application, check here:  Not Applicable

\_\_\_\_\_  
\_\_\_\_\_

18. Will the relief requested, if authorized, alter the essential character of the neighborhood or district in which the property is located, or substantially or permanently impair the appropriate use of development of adjacent property, or be detrimental to the public welfare? Please give reasons for your answers to the aforementioned questions by explaining below: (Please reference to your attachment if additional space is needed.)

\_\_\_\_\_  
\_\_\_\_\_

19. (I) (WE) believe that the Board should approve this request because: (include the grounds for the zoning appeal or reasons both with respect to case law and fact for granting this use requested. Please reference to your attachment if additional space is needed.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

20. Comments, other relevant information or additional space for answering questions. Please indicate if additional attachments are with this appeal application:

\_\_\_\_\_  
\_\_\_\_\_

***I hereby certify that all of the above statements contained in this application and any papers or plans submitted with this zoning appeal to the Lower Nazareth Township Zoning Hearing Board herewith are true and correct to the best of my knowledge and belief.***

\_\_\_\_\_  
Date

\_\_\_\_\_  
(signature of applicant)