



LOWER NAZARETH TOWNSHIP PLANNING & ZONING OFFICE

623 MUNICIPAL DRIVE, SUITE 200
NAZARETH, PA 18064
TELEPHONE: 610-759-7434
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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 #: _____	
Hearing Date: _____	
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 the Lower Nazareth Township Zoning Appeal Procedures and Policy for this requirement.

Property Information

Location: _____
(Street Address)

Tax Map ID: _____ Lot Size: _____

Present Use: _____ Date of when Present Use began: _____

Proposed Use: _____ Zoning District: _____

Date of acquisition of this property by the owner: _____

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

Please complete the following questions:

1. **What is the applicant's interest in the premises affected?**

- Owner Equitable Owner Tenant Other

2. **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. **Have any previous appeal(s) been filed in connection with this property?** No Yes

If yes, _____

(List applicant's name, date & nature of appeal)

5. **Type of Appeal Sought:**

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

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

6. **Nature of Appeal:** 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.

7. **Proposed Use:** 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.)

8. **Water and Sewer:** What type of sewage and water facilities are available on the property?

What will the impact of this use be on existing sewage or potable water infrastructure? _____

Does this project comply with Act 537? No Yes Not Applicable

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

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.

9. **Landscaping:** 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

10. **Neighborhood Character:** 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.)

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.)

11. **Traffic and Parking:** 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 required in the Lower Nazareth Township Zoning Ordinance.

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

12. **Stormwater Management:** What will the impact of this use be on existing stormwater infrastructure? Has a stormwater engineering study been completed 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

13. **Environmental Impact:** 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

14. **State & Federal Violations:** 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:

15. **Additional Permits:** 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.

16. **Applicant's Statement:** (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.)

17. 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. Authorization is granted to any municipal representative of Lower Nazareth Township to access the above property as stated within this application at any reasonable hour; along with posting the property as required under the Lower Nazareth Township Zoning Ordinance and the Pennsylvania Municipalities Planning Code.

_____ Date (signature of applicant)

_____ (Print Name)