



**Borough of West Homestead**  
456 West Eighth Avenue  
West Homestead, Pennsylvania 15120

**Zoning Hearing Board Application**

**Property Information**

Property Address: \_\_\_\_\_ Zoning District : \_\_\_\_\_  
Owners Name: \_\_\_\_\_ Parcel ID: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

**Applicant / Protest Information**

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Date of application Signature

**Variance / Exception / Protest Information**

The owner/applicant requests that a determination be made by the Zoning Hearing Board on the following appeal, which was denied by the West Homestead Borough Zoning Officer on \_\_\_\_\_, 20\_\_\_\_.

- A Special exception     A protest appeal     An interpretation     A variance to the West Homestead Borough Code of Ordinances, Chapter 27- Zoning, Section \_\_\_\_\_, Subsection \_\_\_\_\_, for the following reason(s):
- It is a special exception to the ordinance on which the Zoning Hearing Board is required to approve if the conditions are met.
- It is an appeal for the interpretation of the ordinance or zoning map
- It is a request for a variance to the  Area  Setback  Height  Use  Other (please describe)

Proposed improvement on lot: \_\_\_\_\_ Lot size: \_\_\_\_\_ -Square feet

Current or former use: \_\_\_\_\_

Proposed use: \_\_\_\_\_

I/we believe that the Zoning Hearing Board should approve this request because: (include the grounds for the appeal or reasons with respect to law and fact for granting the appeal. Special exception or variance, and/or if hardship is claimed, state the specific hardship)

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

Has any previous application or appeal been filed in connection with these premises?  No

Yes- please list dates and results: \_\_\_\_\_

What is the applicant's interest in the premises affected?  Owner  Agent  Lessee  Other \_\_\_\_\_

**Statement of Truth**

Commonwealth of Pennsylvania

County of Allegheny

Deponent, being duly sworn, says they are the:

Owner of record of the property for which this application is made, and that all the statements and data furnished with this application are true and correct.

Authorized agent for the owner of record of the property for which this application is made and as such has express authority to bind such owner to all terms and conditions of this application, and that all statements and data furnished with this application are true and correct.

\_\_\_\_\_  
Applicant (signature)

\_\_\_\_\_  
Applicant (printed)

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

**Borough Use only**

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

Application received: \_\_\_\_\_

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

Zoning Hearing Board / Public Hearing Date \_\_\_\_\_

Date Property Posted: \_\_\_\_\_