

Borough of Leetsdale

Zoning Hearing Board
373 Beaver Street, Suite A, Leetsdale, PA 15056
724-266-4820 Fax: 724-266-7530

APPLICATION FOR A ZONING HEARING

Application Received	Hearing Date	Advertisement Dates
Appellant		
Mailing Address		- <u></u> -
City	Sate	Zip Code
Phone ()	Alternate Phone	Date
Address of subject property		
Lot size in square feet	Lot/Block # _	Zoned District
Present use, i.e. home, access	ory building, ect	
Proposed use Ager Are you the Owner Ager Has any application or appeal by		Other (please explain)
		at was requested?
I/We are requesting a/an:		Special Exception Other (explain below)
Chapter 300, Article	_, Subsection	Ordinances of the Borough of Leetsdale, Reason for denial
	for appeal, both with res	

List below the names and **COMPLETE MAILING ADDRESSES** of **every** property owner within 100 feet of the exterior limits of the property involved in this appeal as shown by the latest assessment roll of the County of Allegheny, PA. To avoid delay in scheduling your hearing, please be certain this section has been completed properly.

NAMES (FIRST & LAST) C	OMPLETE MAILING ADDRES	SSES
	 -		
I hereby state that the above informati	on is true	and correct to the best of my knowledge.	
Signature of Appellant	Date	Code Enforcement Officer	Date

Copies of this application will be filed with the Secretary of the Zoning Hearing Board and the Code Enforcement Officer. The cost of these proceedings is \$800 plus reimbursable fees if they exceed \$800.

Attachments required: Copy of the plan of real estate affected showing location and size of lot, the size of existing and proposed improvements along with any other information required by the ZHB. If more space is required, attach a separate sheet and make specific reference to the question being answered.