ROSS TOWNSHIP
1000 Ross Municipal Drive
Pittsburgh, PA 15237
Phone: (412) 931-7055 Fax: (412) 931-3508

VARIANCE / EXCEPTION / PROTEST APPLICATION

PROPERTY INFORMATION

Property Address: _____ Zoning District: _____ Ward: _____

Owners Name: _____ Parcel Number: _____ - ___ - _____

Address: _____ Phone:) _____

City: _____ State: _____ Zip Code: _____ Email: (_____

APPLICANT / PROTESTANT INFORMATION

Name: _____

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 Ross Township Building Inspector / Zoning Officer on _____ , 20 _____.

☐ A special exception ☐ A protest appeal ☐ An interpretation ☐ A variance to the Ross Township Code of Ordinances, Chapter 27- Zoning, Part _____ , Section _____ , subsection _____ , letter / number _____, letter / number_____ 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 relating to the ☐ area ☐ frontage ☐ yard ☐ height ☐ dimensional ☐ use or

_____

_____

The description of the property in this application is as follows:

Present 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 any occupancy permit issued pursuant to this application, and that all statements and data furnished with this application are true and correct.

Sworn to and subscribed before me this _____ day of _____ 20 _____.

_____ _____ _____

Notary Public Applicant (signature) Applicant (printed)

ABUTTING PROPERTY OWNERS

The following are the names and addresses of owners of property who directly abut and/or are across the right-of-way of the property involved in this appeal. All information should be obtained from the latest assessment information from the Allegheny County Real Estate Division or web site (http://www2.county.allegheny.pa.us/RealEstate/search.asp)

Name	Address/Zip Code

DIRECTIONS FOR FILING

Seven (7) collated sets of this application and all other pertinent information (survey, site plan, drawings, photographs, etc.) are required to be submitted to the Building Inspection/Zoning Department **twenty-eight (28)** days prior to the Zoning Hearing Board meeting. Any information left blank on this application will result in your application being denied and
returned to the applicant. Please note that the fee must be paid with your application.

FILING FEES

APPEALS, SPECIALS EXCEPTIONS & INTERPRETATIONS

R-1 & R-2 (Residential) Zoning Districts: $225.00

All Other Zoning Districts: $475.00

USE VARIANCES

R-1 & R-2 (Residential) Zoning Districts: $475.00

All Other Zoning Districts: $925.00

(DO NOT WRITE BELOW THIS LINE - TOWNSHIP USE ONLY)

Fee: $ _____

Application accepted: _____ Date: _____

Ross Township Zoning Officer

Zoning Hearing Board Appeal No.		**Invoice Number**	
Public Hearing Date		**Check Number**	
Date Hearing Advertised			
Date agenda mailed to abutting property owners		**Date Property Posted**	