

ZONING VARIANCE APPLICATION



**CITY OF POTTSVILLE
CODE ENFORCEMENT & ZONING OFFICE
401 N. CENTRE STREET
PO BOX 50
POTTSVILLE, PA 17901
(570)-622-1234**

Zoning Variance Application Packet

Submittal Requirements:

- 1. The application must be completed in full and returned before the deadline. The deadline for applications is the third Wednesday of the month.**
- 2. A copy of all documentation that is to be presented at the hearing will need to be turned in with the application.**
- 3. The hearing must be paid in full at the time of submission of the application.**
- 4. The cost of a Zoning Variance is as follows:
 - a. Commercial Zoning Variance - \$750.00**
 - b. Residential Zoning Variance - \$450.00****
- 5. If the owner(s) of the property is/are not applying for the Variance then you must have the application signed by the owner(s).**

Notification Requirements:

- 1. Upon submittal of your application notifications will be sent to neighbors within 300 feet of each side of the property boundary, also to all neighbors within 100 feet in the front and rear of the property boundary. Notifications will be sent out certified mail before the hearing.**
- 2. The property will be posted before the hearing with a letter stating that a variance hearing has been requested and for what reason(s). The posting shall not be removed before the hearing.**
- 3. The applicant will also be notified with the neighbors by certified mail.**

PLEASE PRINT ALL INFORMATION CLEARLY AND LEGIBLY.

ZONING VARIANCE APPLICATION

Requiring Action by the Board of Adjustment

Date Filed: _____ Paid \$: _____ Form of Payment: _____

Hearing Date: _____ Hearing Time: 6:30 PM

Hearing Location

Council Chambers, 2nd Floor, Pottsville City Hall, 401 N. Centre St. Pottsville, PA 17901

General Information (Please Print)

Property Owner Name(s): _____

Owner Address: _____

Phone #: _____ Email: _____

Property Owner Signature: _____

Applicant is: Owner Builder Lessee Architect/Engineer Agent

Other If other please explain: _____

Applicant Name(s): _____

Company Name: _____

Address: _____

Phone #: _____ Email: _____

Applicant Signature: _____

Lessee Name(s): _____

Company Name: _____

Address: _____

Phone #: _____ Email: _____

Lessee Signature: _____

Lot Information

Parcel ID #: _____ **Zoning District:** _____

Property Location: _____

Existing:

Lot Area: _____ **Frontage:** _____ **Depth:** _____

Width: _____ **Lot Coverage:** _____ **Use Class:** _____

Setbacks:

Front: _____ **Rear:** _____ **Left:** _____ **Right:** _____

Accessory Structures (please list all and their sizes including garages, sheds, pools, etc.):

Proposed:

Lot Area: _____ **Frontage:** _____ **Depth:** _____

Width: _____ **Lot Coverage:** _____ **Use Class:** _____

Setbacks:

Front: _____ **Rear:** _____ **Left:** _____ **Right:** _____

Accessory Structures (please list all and their sizes including garages, sheds, pools, etc.):

Describe Existing Use: _____

Describe Proposed Use: _____
