



ZONING HEARING BOARD
TOWNSHIP OF MARSHALL
525 PLEASANT HILL ROAD, SUITE 100
WEXFORD, PA 15090

ZONING APPEAL APPLICATION

DO NOT WRITE IN THIS SPACE. OFFICIAL USE ONLY.

Date Received: _____ Appeal No. _____ Hearing Date: _____

Filing Fee: *See below Fee Received By: _____

Deadline: Last Monday of the month prior to the month in which the appeal is to be heard.

***Fees:**

Appeal/Application:

\$300 application fee

\$700 deposit

From the Deposit referenced above shall be deducted any fees accruing for certified mailings, advertising costs and any other expenditures related to the application/hearing. The applicant and the Township shall share fees for the Stenographer equally, with the applicant's portion deducted from the Deposit.

Applicant: _____ E-mail: _____

Mailing Address: _____ Ph: _____

Owner of Property: _____ E-mail: _____

Mailing Address: _____ Ph: _____

Identification of property involved in the application:

Street Address: _____

Plan Name: _____ Lot No.: _____

Lot/Block: _____ Zoning District: _____

Note: An 8 ½ x 11 copy of the section of the Marshall Township Zoning map with the subject property highlighted must be attached.

Is site located within a Floodplain District? _____

Proposed Construction (if any): _____

What is the applicant's interest in the premises affected?

Indicate type of application:

In accordance with the Pennsylvania Municipalities Planning Code, Section 909.1(a):

- Substantive challenge(s) to the validity of any land use ordinance except those brought before the governing body . . .
- Challenge(s) to the validity of a land use ordinance raising procedural questions or alleged defects . . .
- Appeal(s) from the determination of the Zoning Officer (including "Enforcement Notices")
- Appeal(s) from a determination by a municipal engineer or the Zoning Officer with reference to the administration of any flood plain or flood hazard ordinance within a land use ordinance
- Application for variance(s) from the terms of the Zoning Ordinance or flood plain or flood hazard ordinance within a land use ordinance . . .
- Appeal(s) from the Zoning Officer's determination under section 916.2 (Procedure to Obtain Preliminary Opinion)
- Appeal(s) from the determination of the Zoning Officer or municipal engineer in the administration of any land use ordinance or provision thereof with reference to sedimentation and erosion control and storms water management . . .

Required Application Materials

(Please check items to show that they have been completed):

- Identify the Citation of ordinance requirements or action(s) involved in this appeal.
- Describe specifically the nature of your request and justification for appeal. If seeking a variance, please be exact in your request.
- Attach four copies of a to-scale plan of real estate affected showing location and size of lot, the size of improvements now erected or proposed to be erected, or other changes desired, together with any other information or documentation necessary to demonstrate your request.
- Please attach a copy or copies of any action(s) being appealed, if applicable.
- List the names of adjacent property owners. See page 4 for more details.

List the names and addresses of the all property owners whose property adjoins or is across a public road from the property involved in this appeal. The addresses must be as shown by the latest assessment roll of the County of Allegheny (Room 107, Mezzanine Floor, County Office Building, Ross Street, Pittsburgh, Pennsylvania 15219). **Attach aerial map showing all adjoining property owners, which can be found at <http://www2.county.allegheny.pa.us/RealEstate/Search.aspx>**

Properties	Name and Street Address	Tax Bill Mailing Address from Allegheny County Real Estate Website
At Left Side		
At Right Side		
At Rear		
At Front		
Across Street		
Other		

Processing Fee:

A check payable to Marshall Township in the amount of one thousand dollars (\$1,000.00) must accompany each application. (Reference Fee Schedule or see above for breakdown).

I hereby certify that all of the above statements and the statements contained in any papers or plans submitted herewith are true to the best of my knowledge and belief.

Print Name: _____

Signature: _____ Date: _____

Owner's signature authorizing applicant to request a variance (if owner differs from applicant).

Print Name: _____

Signature: _____ Date: _____

THE APPLICANT IS RESPONSIBLE FOR FILING A COMPLETE AND ACCURATE APPLICATION

PROJECT RESPONSIBILITY FORM:

FINANCIAL RESPONSIBILITY

PROJECT NAME: _____

NAME OF PERSON OR ENTITY RESPONSIBLE FOR MAINTAINING
ESCROW BALANCE: _____

MAILING ADDRESS WHERE ESCROW STATEMENTS WILL BE SENT: _____

EMAIL ADDRESS: _____

DAYTIME PHONE: _____

SIGNATURE: _____

PROJECT MANAGEMENT RESPONSIBILITY

NAME OF PERSON RESPONSIBLE FOR RECEIVING AND SIGNING THE
TOWNSHIP CONDITIONS OR DENIAL LETTER _____

MAILING ADDRESS: _____

EMAIL ADDRESS: _____

DAYTIME PHONE: _____

SIGNATURE: _____

-MUNICIPAL USE ONLY-

TOWNSHIP FILE #: _____

APPLICATION FEE: _____ CHECK #:

ESCROW AMOUNT: _____ CHECK #:

DIGITAL SUBMITTAL WAIVER FEE: _____ CHECK #:

MTMSA FEE: _____ CHECK #:
