



LOWER MACUNGIE TOWNSHIP

3400 Brookside Road Macungie, Pa. 18062 (610) 966-4343

Date Received: _____ APPEAL NO. _____ Hearing Date: _____ <i>Dates Hearing Advertised</i> _____ & _____ <i>Fee Paid</i> _____ <i>Receipt No.</i> _____ DO NOT WRITE WITHIN BOX. FOR OFFICE USE ONLY

ZONING HEARING BOARD - LOWER MACUNGIE TOWNSHIP
LEHIGH COUNTY, PENNSYLVANIA
NOTICE OF APPEAL

(I) (WE) _____
 (NAME)
 of _____
 (MAILING ADDRESS)

Request that a determination be made by the Zoning Hearing Board. The purpose of this hearing is to request of the Zoning Hearing Board:

- ÿ Appeal from Zoning Officer. (Procedurally)
 (Ord. 2019-10 (as amended) Chapter 27, Part 26, Sec. 27-2604 5. A.

- ÿ Appeal from determination of Township Official in administering of land use Ord.
 (Ord. 2019-10, (as amended) Chapter 27, Part 26, Sec. 27-2604 5. C.

- ÿ VARIANCE of :
 (Ord. 2019-10, Chapter 27, Part 26, Sec. 2604 5. D.
 Part _____, Sec. _____, Sub-Sec. _____, Para. _____
 Part _____, Sec. _____, Sub-Sec. _____, Para. _____
 Part _____, Sec. _____, Sub-Sec. _____, Para. _____
 Part _____, Sec. _____, Sub-Sec. _____, Para. _____

- ÿ Special Exception
 (Ord. 2019-10, Chapter 27, Part 26, Sec. 27-2604 5. E.

- ÿ Expansion and Extension of Non-conforming Use and Structure.
 (Ord. 2019-10, Chapter 27, Part 25, Sec. 27-2503

- ÿ Change of Non-conforming Use to another Non-conforming Use.
 (Ord. 2019-10, Chapter 27, Part 25, Sec. 27-2506

- ÿ Challenge to Validity of Zoning Ordinance or Map.
 (Ord. 2019-10, Chapter 27, Part 26, Sec. 27-2604 5. B.

State purpose of Hearing (be specific). Include grounds for appeal or reasons with respect to law and fact for granting the appeal, special exception or variance. If a variance, state specific hardship. (Continue on reverse side if more space is necessary)

_____.

Subject Property Description:

PIN Number _____ Deed Vol. _____ Pg. _____

Property Owner(s): _____ (name)

Property Address: _____

(Street, P.O. Box, Zip)

Property Area: _____ S.F. _____ Acres

Zoning District: _____

Environmental Overlay District: _____

Present Use: _____

Proposed Use or Improvements: _____

Date of Acquisition of Property by Current Owner: _____

Applicant's Property Interest: _____

Does Owner Give Consent (yes / no) _____

Owners Signature Required If Yes

Have any appeals been filed previously for this property? YES NO

Applicant Date

Applicant Date

Nature of Request: _____

Approved or Denied: _____

Adjacent Properties and Owners List (Required):

The county tax pin number with the owner's name and mailing address for all adjacent or adjoining property owners and all property owners whose land lies within one hundred (100) feet of the boundary line of the property at issue must be listed as shown by the latest assessment roll of the County of Lehigh. (WWW.Lehighcounty.org/assessment)

County TAX PIN No. Owner's Name Owners Full Address (Inc. Zip Code)

(Continue on reverse side if necessary.)

This application must be filed out in **duplicate** with the Zoning Officer of Lower Macungie Township, Township Building, 3400 Brookside Road, Macungie, Pennsylvania 18062. At time of filing Application, **Eleven (11) copies** of the plan of the lot or parcel must accompany the Application and the plan **must** include all of the following information. Refer to Ordinance No.2019-10, Chapter 27 Sec.27-2602 C. for plan requirements for a special exception hearing.

- I Location of Lot and shape of Lot or Parcel.
- I All dimensions of Lot, including Front, Rear and Side Yards.
- I Location and dimensions of all existing improvements on Lot.
- I Location and dimensions of all proposed improvements or changes to Lot.
- I Location, name and dimensions of both right-of-way and paved surface of any street or alley abutting Lot.
- I Location of any other feature on Lot relevant to Appeal (i.e., water course, landscaping, vegetative cover, etc.).

*Any person, partnership, corporation or party shall pay \$500.00 dollars involving dimensional requirements. \$1000.00 dollars for all appeals involving use, Special Exceptions, home occupations or challenges to the Zoning Officers decision, residential appeals that involve analysis by the Township Engineer including flood plain. Also a \$50 dollar fee for time extensions and a \$100 dollar fee for a continuance of a hearing are required. Commercial & Nonresidential appeals involving dimensional requirements, parking, signage, or site improvement requirements shall pay \$ 1000.00 dollars. All appeals involving use, Special Exceptions, validity, nonconforming uses, challenges to the Zoning Officers decision or appeals that involve analysis by the Township Engineer including flood plain, shall pay a fee of \$2,000 dollars. Also a \$100.00 dollar fee for a time extensions and a \$250.00 dollar fee for a continuance of a hearing is required. These fees are **required** to be paid to Lower Macungie Township when filing the application.*

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.

(Signature)

(Telephone number)

(Signature)

DATE _____,20_____

(Telephone number)

PLEASE PRINT

APPLICANT

(Name)

(Address)

(Telephone Number) (Email Address)

PROPERTY OWNER

(Name)

(Address)

(Telephone Number) (Email Address)

ENGINEER, SURVEYOR, ARCHITECT

(Name)

(Address)

(Telephone Number) (Email Address)

ATTORNEY

(Name)

(Address)

(Telephone Number) (Email Address)