

Date of Hearing \_\_\_\_\_

Appeal No. \_\_\_\_\_

**ZONING HEARING BOARD APPLICATION  
BOROUGH OF PITCAIRN**

**Note:** The attached "Statement of Truth" must be notarized. The required fee and four (4) copies of plot plans for the property must accompany the application.

<b>NAME OF APPLICANT</b>	<b>APPLICANT ADDRESS</b>	
	<b>PHONE</b>	
<b>NAME OF LANDOWNER</b> (If Landowner is not applicant, authorization to act on Landowner's behalf must be present with application.)	<b>LANDOWNER ADDRESS</b>	
	<b>PHONE</b>	
<b>DESCRIBE PROPERTY FOR WHICH APPLICATION IS FILED</b> Location	<b>Lot Block</b>	
	<b>Zoning District</b>	
<b>TYPE OF APPLICATION</b> (Check one)		
<input type="checkbox"/> Appeal from municipal action <input type="checkbox"/> Use by special exception <input type="checkbox"/> Variance <input type="checkbox"/> Validity challenge <input type="checkbox"/> Other (attach description)		
<b>CITE ALL APPLICABLE SECTIONS OF ZONING ORDINANCE</b>		
<b>JUSTIFICATION FOR REQUEST:</b> Please include grounds for appeal, and if physical hardship is claimed as basis for variance, state specific hardship. Attach a separate sheet for description.		
<b>Has a building permit application been reviewed in connection with this zoning hearing board application?</b>	<input type="checkbox"/> NO	<input type="checkbox"/> YES
<b>Has any zoning hearing board application been previously filed for this property?</b>	<input type="checkbox"/> NO	<input type="checkbox"/> YES

**COMMONWEALTH OF PENNSYLVANIA  
COUNTY OF ALLEGHENY**