

**APPLICATION FOR HEARING BEFORE:**

Zoning Hearing Board  
Borough of Economy  
2856 Conway Wallrose Road  
Baden, Pa 15005

APPLICATION No. \_\_\_\_\_  
Date application received \_\_\_\_\_  
Fee \$300.00 \_\_\_\_\_  
Receipt No. \_\_\_\_\_  
Received By \_\_\_\_\_

1. Application is made by:  
 Name: \_\_\_\_\_ Phone No. \_\_\_\_\_  
 Mailing address: \_\_\_\_\_  
 Location of property: \_\_\_\_\_ Zoning Classification: \_\_\_\_\_  
 Name of landowner: \_\_\_\_\_ Tax Parcel No. \_\_\_\_\_  
 Has a previous application been filed with the Board for this property? \_\_\_\_\_  
 Approximate cost of proposed work: \_\_\_\_\_

2. Nature of application including explanation:  
 Variance ( ) \_\_\_\_\_  
 Special Exception ( ) \_\_\_\_\_  
 Interpretation ( ) \_\_\_\_\_

3. Cite specific Section of the Economy Borough Zoning Ordinance 300 which is applicable to this appeal: Article \_\_\_\_\_, Section \_\_\_\_\_, \_\_\_\_\_

4. If applicant is claiming a hardship variance, please describe the hardship:

5. List below the names and COMPLETE MAILING ADDRESSES OF OWNERS OF PROPERTY WITHIN 300 FEET OF THE EXTERIOR LIMITS OF THE PROPERTY INVOLVED IN THIS APPEAL. These names and addresses can be obtained at the Assessment Office, Courthouse, Beaver, Pa 15009 or the appropriate courthouse of the County in which the property is located. **THIS IS THE RESPONSIBILITY OF THE APPLICANT PURSUANT TO Article XII, Section 180-77, Paragraph C7 of the Zoning Ordinance 300. IN ORDER THAT YOUR HEARING WILL NOT BE POSTPONED OR CONTINUED, PLEASE BE CERTAIN THIS SECTION HAS BEEN PROPERLY COMPLETED.** If you need additional space, please use the reverse side of this application and/or attach you list.

NAMES (FIRST & LAST)

COMPLETE MAILING ADDRESS

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I hereby state that the above information is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant/Appellant

\_\_\_\_\_  
Signature of Code Enforcement Officer Date

**THE COST OF THESE PROCEEDINGS IS THE RESPONSIBILITY OF THE APPLICANT. THIS APPLICATION MUST BE ACCOMPANIED BY THE REQUIRED FEE AND A COPY OF THE PLOT PLAN FOR THE PROPERTY INVOLVED.**

NAMES (FIRST & LAST)

COMPLETE MAILING ADDRESS

\_\_\_\_\_

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FOR OFFICE USE ONLY

Copies to Zoning Hearing Board \_\_\_\_\_ Hearing date \_\_\_\_\_  
 Date applicant notified \_\_\_\_\_ Public Notice Ads \_\_\_\_\_  
 Notice to Council, Mayor, PC, CEO's \_\_\_\_\_ Date Property owners notified \_\_\_\_\_  
 Date CEO posted property \_\_\_\_\_

**DISPOSITION:**

Granted \_\_\_\_\_ Denied \_\_\_\_\_ Date of ORDER \_\_\_\_\_

SPECIAL EXCEPTION AND VARIANCE PERMIT

AND NOW, this \_\_\_\_\_ day of \_\_\_\_\_, 200 , this permit is issued subject to the conditions set forth by the Zoning Hearing Board of Economy Borough. A complete record of this case is available for review at the Borough Office, 2856 Conway Wallrose Road, Baden, Pa. 15005, during regular business hours. Any violation by the applicant of these conditions or any Borough Ordinance pertaining to this use may result in revocation of this permit. Fee \$25.00.

\_\_\_\_\_  
 Applicant

\_\_\_\_\_  
 Code Enforcement Officer

ZONING APPLICATION