



TOWNSHIP OF SALISBURY
LEHIGH COUNTY, PA
2900 SOUTH PIKE AVENUE
ALLENTOWN, PA 18103

Phone: 610-797-4000
Fax: 610-797-5516

SALISBURY TOWNSHIP ZONING HEARING BOARD
APPLICATION FOR APPEAL FROM ZONING OFFICER DECISION

Application No.: _____

Date Received: _____

Meeting Date: _____

Appeal For: Variance
 Special Exception
 Interpretation
 Zoning Officer Decision/
Enforcement

Fee: _____

1. APPLICANT:

Name: _____

Applicant Print Name: _____ Phone No.: _____

Address: _____

E-Mail Address: _____ Fax No.: _____

2. PROPERTY INFORMATION:

Street Address: _____

Zoning District: _____ Lot Size: _____ Tax Pin No.: _____

Environmentally Sensitive Overlay Zone? Yes No

3. OWNER'S NAME & ADDRESS – IF DIFFERENT FROM APPLICANTS:

Name: _____

Owner Print Name: _____ Phone No.: _____

Address: _____

E-Mail Address: _____ Fax No.: _____

Have any previous Applications or Appeals been filed in connection with the property? Yes No
IF YES - state the date and nature of the previous applications:

PRESENT USE: _____

PROPOSED USE: _____

4. APPLICATION IS HEREBY MADE FOR:

1. Variance From: Special Exception To: Interpretation Of:

The provisions of the Salisbury Township Zoning Ordinance Article_____

Section_____ §_____ for the subject property, **OR**

2. Appeal the Determination Of: Appeal the Enforcement Notice Of:

THE ZONING OFFICER OF THE TOWNSHIP OF SALISBURY

3. Is this application submitted as a result of a Zoning Enforcement Notice?

Yes No

4. The facts and reason(s) supporting the application are as follows: Include the grounds for appeal or reasons, both with respect to law and fact for granting the Variance, Special Exception, Interpretation or Appeal.)

Statement: _____

5. Changing the Variance or Special Exception will be consistent with the intent and purpose of this Zoning Ordinance, and will not be detrimental to the neighborhood or public welfare because:

Statement: _____

5. FOR VARIANCE APPLICATIONS ONLY:

1. State the special circumstances or conditions applicable to the property or building which are unique, and which do not exist for other properties or buildings in the same zoning district, and the immediate vicinity.
2. State the specific hardship – why it is not possible to develop / use the property in strict conformity with the Zoning Ordinance.

Statement: _____

6. REPRESENTATION BY COUNSEL

APPLICANT: Will Will not be represented by Counsel

If Legal Counsel will represent the applicant, please provide the following:

Law Firm: _____ Phone No.: _____

Attorney Name: _____

Law Firm/Attorney Address: _____

Law Firm/Attorney E-Mail: _____

THE TOWNSHIP IS HEREBY REQUESTED TO SET A DATE AND TIME FOR A HEARING OF THIS APPLICATION AS REQUIRED BY LAW.

Applicant Signature: _____ Date: _____

Owner Signature: _____ Date: _____

NOTE: If the applicant is not the owner, this application must be signed by **BOTH** the applicant and the owner. In the case of a partnership, it should be signed by a partner, and when it is a corporation, it should be signed by an officer of the corporation.

7. PERMISSION FOR SITE VISIT

Applicant(s) and / or owner(s) hereby grant(s) permission and authorize members of the Township of Salisbury Zoning Hearing Board to enter subject property to view the premises in conjunction with the Zoning Appeal which is hereby filed.

Applicant Signature: _____ Date: _____

Owner Signature: _____ Date: _____

8. PERMISSION FOR AERIAL & GROUND VIEW OF PROPERTY

Applicant(s) and/or owner(s) hereby grant(s) permission and authorize members of the Township of Salisbury Zoning Hearing Board to provide aerial and ground depiction of the subject property as part of the submission with the Zoning Appeal.

Applicant Signature: _____ Date: _____

Owner Signature: _____ Date: _____

9. APPEAL FEE:

Application Fee: \$750.00

Escrow: \$1,000.00 - Applicable ONLY if challenging the validity of the Zoning Ordinance or Map 27, §112.5.B.

