

Borough of Bellevue

537 Bayne Ave, Bellevue, Pa 15202 PH: 412-766-7453

ZONING VARIANCE APPLICATION

1. APPLICANT(S): _____
2. APPLICANT(S) ADDRESS: _____
3. PHONE#: HOME _____ WORK _____
4. LOCATION/ADDRESS OF PROPERTY REQUIRING VARIANCE: _____

5. ZONING DIST: _____ 5a. WARD: _____ 5b. LOT/BLOCK#: _____
6. PROPERTY OWNER(S): _____
7. VARIANCE REQUESTED: _____

8. REASON FOR VARIANCE: _____

9. SECTION(S) OF ZONING ORDINANCE INVOLVED IN THIS REQUEST:

10. CURRENT USE OF PROPERTY: _____
11. IF VARIANCE IS APPROVED, INDICATE TIME SCHEDULE OF PROPOSED WORK:
 - a. Work will begin within _____ days following approval and issuance of building permit.
 - b. Work to be completed within _____ days following commencement of work.

I/We, the undersigned applicants, attest that the foregoing and the attachments herewith are true and correct to the best of our knowledge. (USE BLUE INK ONLY)

SIGNATURE: _____ DATE: _____

SIGNATURE: _____ DATE: _____

**SEE REVERSE FOR INSTRUCTIONS
AND APPROVALS**

INSTRUCTIONS

Submit with application, 5 copies of the site plan containing the following information:

1. Property Lines – Dimensions
2. Address of adjacent properties with names of property owners.
3. Natural features, i.e., streams, steep hillsides, tree growth, etc.
4. Existing structures – sizes and heights, distances from property lines.
5. All proposed structure and/or additions – sizes and heights, and distances from property lines (front, side and rear yard dimensions).
6. Existing and proposed off street parking and loading spaces, including sizes and number.
7. Access to public road (driveway locations).
8. Additional information as requested by the Zoning Officer.

Applications will not be accepted unless completed in full; signed, all required attachments and supplements have been provided and fee(s) (as may be required) are paid.

NOTE

YOUR FAILURE TO APPEAR AT THE HEARING MAY RESULT IN THE DISMISSAL OF YOUR APPEAL

Application reviewed for completeness by: _____ Date: _____
CODE ENFORCEMENT OFFICER

Fee \$ _____ Collected by: _____ Date: _____

ZONING HEARING BOARD MEETING DATE: _____

VARIANCE: Approved () Disapproved () VOTE: () Yea's () Nay's

Chairperson's Signature: _____ Date: _____

COPIES TO:

- Zoning Hearing Board (3)
- Borough Solicitor
- Borough Council (9)
- Mayor
- Parcel File