

**HICKORY TOWNSHIP**

127 Eastbrook Neshannock Falls Rd.  
New Castle, PA 16105  
PH: 724-658-0510 FAX: 724-658-4255

**ZONING APPLICATION**

**Type of Application**

- Conditional Use
- Variance
- Special Exception
- Rezoning
- Modification
- Appeal From Zoning Officer's Decision

FOR TOWNSHIP USE ONLY	
Date Received:	_____
By:	_____
Fee Paid:	_____
Application No.:	_____
Date Approved/Rejected:	_____

Application may be filed by any landowner or tenant with permission of the landowner. Both parties must sign the application.

**PART A**

**Name of Applicant:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **DAY** \_\_\_\_\_ **EVENING**

**Property Owner:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Location of Property:**

a) **Address:** \_\_\_\_\_

b) **Width:** \_\_\_\_\_ **Depth:** \_\_\_\_\_ **Area Square Feet:** \_\_\_\_\_

c) **Utilities:** **Public Sewer** \_\_\_\_\_ **Public Water** \_\_\_\_\_ **Septic Tank** \_\_\_\_\_

d) **Describe Present Use of the Property:** \_\_\_\_\_

e) **Describe Existing Improvements:** \_\_\_\_\_

**Zoning District:** \_\_\_\_\_

a) **Type of proposed improvements:** \_\_\_\_\_

b) **Size and dimensions of proposed improvements:** \_\_\_\_\_

c) **Will improvements involve a change of present use of property?** \_\_\_\_\_

**If yes, describe fully:** \_\_\_\_\_

Type of Application Requested:

- a) If an appeal from the Zoning Officer's Decision, then fully describe the exact article and section of Zoning Ordinance where Applicant believes the Zoning Officer erred in interpretation, misapplication or procedure, and why the appeal should be granted.

Article: \_\_\_\_\_ Section: \_\_\_\_\_ Page: \_\_\_\_\_

- b) If application is for a special exception, state exact article and section of the Ordinance where a special exception may be lawfully granted:

Article: \_\_\_\_\_ Section: \_\_\_\_\_ Page: \_\_\_\_\_

- c) Describe and give reasons why Applicant believes a special exception should be granted:

\_\_\_\_\_  
\_\_\_\_\_

- d) If application for a variance, describe fully reasons why the Applicant believes the provisions of the Zoning Ordinance inflict unnecessary hardship upon the Applicant's proposed use of the land:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- e) Variance notes: (See Pennsylvania Municipalities Planning Code Act 247, §910.2). The Zoning Hearing Board may grant a variance only providing the following findings are made where relevant:

1. There are unique physical conditions or circumstances involving size, shape, slope, applicable to property causing unnecessary hardship if the zoning regulations were adhered to.
2. The property cannot be developed in conformance with the Zoning Ordinance because of conditions stated in paragraph 1.
3. Hardship has not been created by the Applicant or landowner.
4. A variance, if granted, will not alter the character of the neighborhood or impair appropriate use or development of adjacent property, nor be detrimental to public welfare, and will be the minimum variance that will afford relief.
5. If granted, the Zoning Hearing Board may attach modifications, restrictions, safeguards, etc. as it may deem necessary in order to fully implement the purposes of the Zoning Ordinance.

- f) If proposed use is to be for a home occupation or a no-impact home business, give area of the house to be used:

Total sq. ftg. of house \_\_\_\_\_ Sq. ftg. to be devoted to home \_\_\_\_\_  
occupation or no-impact home business

If the proposed use is a home occupation, will there be outside employees? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how many? \_\_\_\_\_

Parking: Will off-street parking be needed? Yes \_\_\_\_\_ No \_\_\_\_\_

Will parking be onsite: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes to onsite parking, attach a drawing showing parking area, size and number of spaces:

Current parking spaces \_\_\_\_\_ Proposed parking spaces \_\_\_\_\_

I/We believe that the Board of Supervisors or the Zoning Hearing Board should approve this request because (include grounds for appeal, or reasons, with respect to law and facts for granting the request).

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I certify that all information contained herein is true and correct.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Applicant

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**PART B**

**APPLICATION CONTENT**

- 10 Copies of all required materials
- Application fee as specified in the Fee Schedule
- Identification of the appropriate provisions of the Zoning Ordinance
- Plan/drawing with dimensions of all property lines to scale
- Location and dimensions of all existing structures and proposed new structures
- Other information provided by applicant (i.e. photos, letters from neighbors, etc.)
- Other information deemed necessary by the Zoning Office, Zoning Hearing Board or Board of Supervisors