

Union Township

ZONING VARIANCE APPLICATION

PROPERTY OWNER: _____ PHONE: _____

ADDRESS: _____

SITE LOCATION: _____

TAX PARCEL ID(s): _____

Zoning District: RD R1 R2 R3 C1 C2 C3 HI AP SD MUD

Section from which relief is sought: _____

Reason for seeking relief: _____

Section from which relief is sought: _____

Reason for seeking relief: _____

Section from which relief is sought: _____

Reason for seeking relief: _____

If additional space is needed, please use a separate piece of paper

Please provide the names and addresses of all property owners within three-hundred feet (300') of property boundaries.

Please provide five (5) copies of all supporting documents.

***Applicant is responsible for all costs including, but not limited to:**

Stenographer, ZHB Solicitor, Zoning Officer Administrative Time, Legal Advertising, Certified Mailings.

All costs must be paid prior to official decision being released. Failure to pay costs can result in citations being filed with the District Magistrate.

DATE: _____ SIGNATURE OF APPLICANT: _____

FOR OFFICE USE ONLY	
Complete Application Date Received: _____	Date received: _____
Total Fee Paid: \$ _____	Plan Approved: _____
Approved/Denied (reason): _____	
Zoning Officer Signature: _____	
HEARING DATE _____	STENOGRAPHER _____ SOLICITOR _____
MAILINGS _____	LEGAL NOTICE(S) _____ / _____

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Finleyville, PA 15332

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