



New Britain Borough

45 Keeley Avenue ~ New Britain, PA 18901

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www.newbritainboro.com

Conditional Use Hearing Application

(Submit 14 Copies of Application Including Support Data)

Appeal # _____

Start Date: _____

Hearing Set Date: _____

Application/Appeal is hereby made for:

1. Appeal From Decision of Zoning Officer _____
2. Variance _____
3. Special Exception _____
4. Challenge to Zoning Ordinance _____

Applicant 1: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Fax: _____

Applicant 2: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Fax: _____

Owner 1: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Fax: _____

Owner 2: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Fax: _____

Attorney: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Office Phone: _____ Cell Phone: _____

Email: _____ Fax: _____

Interest of Applicant if Not Owner: (Ex: Agent, Lessee, Prospective Owner, Other)

Application relates to: (check applicable item or items)

_____ Use _____ Lot Area _____ Yards _____ Height _____ Existing Building

_____ Proposed Building _____ Other: _____

Brief Description of Real Estate Affected:

Location: _____ Tax Parcel # _____

Lot Size: _____ x _____ Area: _____

Present Use: _____

Present Zoning Classification: _____

Present Improvements on Property: _____

State what you would like to do at the property and why zoning relief is requested:

Specify by reference to Zoning Ordinance Article and Section Numbers which provisions of the Zoning Ordinance entitle applicant to relief or from which provisions applicant seeks relief. **Failure to cite specific provisions of ordinance involved in application may result in denial of some or all relief requested.**

Reason applicant believes board should approve desired action: (refer to section(s) of Zoning Ordinance under which it is felt that desired action may be allowed, and note whether hardship is (or is not) claimed and the specific hardship)

Please list Names and Addresses of persons who owns property adjoining or across a public street from the property. (attach a separate page if necessary)

Has a previous appeal been filed in connection with these premises?

Yes Date: _____
 No

Attach **Fourteen Copies of Plan** of real estate affected indicating the location, size of lot, size of improvements now erected and proposed to be erected thereon or other changes desired. **Fourteen Copies of Each Exhibit** submitted at the hearing will be required. **Plans must be drawn to scale.** In addition, each applicant must provide documentation establishing his/her rights to proceed regarding the property, by copy of Deed, Agreement of Sale, Lease, etc.

If more space is required attach separate sheets and make reference to questions being answered.

I/We do hereby certify the forgoing facts to be true and correct.

Owner: _____

Applicant(s): _____

Fee: _____ \$2,000 – Commercial _____ \$2,000 – Industrial _____ \$1,500 Residential
 \$1,000 – Escrow \$1,000 – Escrow \$1,000 – Escrow

TO BE COMPLETED BY ZONING OFFICER BEFORE SUBMISSION TO BOARD:

The Applicant(s) request for a permit was denied because: (Cite appropriate facts and section(s) of the Zoning Ordinance)

Zoning Officer: _____ Date: _____

_____ Borough's Solicitor has been notified Date: _____

_____ Borough Council President/Vice President has been notified Date: _____

_____ Planning Commission Chairman/Vice Chair has been notified Date: _____

_____ Newspaper notices have been placed Date: _____

 Publish Date #1: _____ Publish Date #2: _____

_____ Stenographer has been contacted Date: _____