



12 East Baltimore Ave
Lansdowne PA 19050
610-623-7300

Borough of Lansdowne Community Development Department Application for Zoning Appeal Hearing

Date: _____
FEE:\$ _____
Hearing date: _____

Please accept this as my/Our "application for a Zoning Appeal Hearing of my/our appeal for a "Special Exception" to and/or a "Variance" from the Lansdowne Zoning Ordinance No. 1049 and Amendments:

Property Address: _____, Lansdowne, PA 19050

Property Owner: _____ Phone Number: _____

Equitable Owner or Lessee, If one: _____ Phone Number: _____

Home Address: _____

Present Zoning Classification _____

Description and Present Use of Property: _____

Proposed Construction: _____

Proposed Property Use: _____

List all Variances and/or Special Exceptions that you are requesting, including section and subsection.

I/we have read and understand the Rules and Regulations of the Lansdowne Zoning Hearing Board.
(Zoning section 330-80)

Fees; Residential: Administrative fee;\$250 + \$50.00 for each unit after the first. Review fee \$500.00
Commerical,professional,industrial, Religious,educational,and nursing
Administrative fee: \$550.00+ Review Fee: \$500.00
Need W-9 Form or Tax ID number for account.
Make Checks Payable to: "Borough of Lansdowne"

Signature of Owner : _____ Date: _____,20__

Equitable Owner or Lessee: _____ Date: _____, 20__