

CITY OF LANCASTER, PENNSYLVANIA

APPLICATION FOR ZONING HEARING BOARD APPEAL

Pursuant to the Zoning Ordinance, Of the City of Lancaster, as amended,

DEPARTMENT OF COMMUNITY PLANNING AND ECONOMIC DEVELOPMENT

APPLICANT

Name _____

Mailing Address _____

Phone _____ Email _____

Historic District YES ____ NO ____

Zoning District _____

PROPERTY

Property Address _____

Owner _____

Owner Address _____ Phone _____

Email _____

Present Use _____

Proposed Use or Change _____

Application Type: Special Exception Dimensional Variance Use Variance Other

I, _____ the undersigned, certify that the information I have provided for this Application for Zoning Hearing Board Appeal is true and correct. I understand that any false statements made herein are subject to the penalties of 18 Pa. C.S. §4904 relating to unsworn falsification to authorities.

Applicant/Authorized Agent Date

Office Use Only

Recommendations: Planning Public Works

Filing Fee: _____

Zoning Officer

Date

APPEAL #