



TOWNSHIP OF SALISBURY

--- LEHIGH COUNTY, PA ---

2900 South Pike Avenue, Allentown, PA 18103

610-797-4000

ZONING HEARING BOARD APPEAL

Date Received: _____ Application No: _____ Fee Paid: _____

Special Exception

Appeal Zoning Officer Decision
Related to Ordinance Interpretation

Variance

Appeal Zoning Officer Decision
Related to Enforcement/Violation Notice

Other: _____

Challenge to Validity of Ordinance or Map

PROPERTY INFORMATION:

Street Address: _____

Present Use of Property: _____

Zoning District: _____

Tax Parcel Number: _____

DESCRIPTION OF PROPOSED WORK AND/OR CHANGE OF USE REQUESTED WITH APPEAL:

APPLICANT:

Name: _____ Phone No: _____

Applicant Street Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

PROPERTY OWNER INFORMATION (If different from applicant):

NOTE: *If applicant does not own the property, owner must sign this appeal application or applicant must otherwise prove standing to proceed with the appeal.*

Name: _____ Phone No: _____

Owner Street Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

ATTORNEY:

Applicant wishes all communications to include attorney

Firm Name: _____

Name: _____ Phone No: _____

Firm Street Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

DESIGN PROFESSIONAL OR SURVEYOR:

Applicant wishes all communications to include design professional or surveyor

Company Name: _____

Name: _____ Phone No: _____

Company Street Address: _____

City: _____ State: _____ Zip Code: _____

E-Mail Address: _____

SUBMISSION REQUIREMENTS:

- Application fee
 - Residential Special Exception or Variance Request = \$1,200
 - Commercial/Non-Residential Special Exception or Variance Request = \$1,500
 - Appeal of Zoning Officer’s Decision or Notice of Violation = \$1,800
 - Challenge to Validity of Zoning Ordinance or Map = \$2,500
- 4 printed copies and 1 PDF/electronic copy of completed appeal application
- 4 printed copies and 1 Microsoft Word file or Microsoft Excel file list of all property owners within 300 feet, in all directions, of the subject property lot lines including the property owners’ mailing addresses
- 4 printed copies and 1 PDF/electronic copy of all supporting documents and exhibits for the hearing (may be submitted up to 24 hours prior to hearing)

APPEAL INFORMATION (Check all the apply, attach additional pages if necessary):

Note: Applicant is required to specifically state the specific appeal requested and the section(s) of the Salisbury Township Zoning Ordinance that apply. Applicant has the burden to state all required zoning relief and/or challenges within this appeal application; the provisions of the Ordinance continue to apply to the Property for which zoning relief and/or challenges is not granted. A separate appeal application is required for all additional relief and/or challenges not stated within this application; additional relief and/or challenges cannot be requested at the hearing.

SPECIAL EXCEPTION

Describe use the Special Exception is for: _____

Ordinance Section(s): _____

How does the proposed use impact the surrounding neighborhood?: _____

VARIANCE

What is the zoning requirement(s) the applicant requests a variance from?

Ordinance Section(s): _____

Required: _____

Proposed: _____

Hardship: _____

VARIANCE

What is the zoning requirement(s) the applicant requests a variance from?

Ordinance Section(s): _____

Required: _____

Proposed: _____

Hardship: _____

APPEALING THE ZONING OFFICER'S DECISION OR ENFORCEMENT

What is being appealed (select one):

- Denied Permit No.: _____ Date: _____
- Approved Permit No.: _____ Date: _____
- Violation No.: _____ Date: _____
- Other _____

Explain why you disagree with the zoning officer's decision or enforcement citing the Section(s) of the Ordinance at issue (must provide facts and reasoning to support your argument):

CHALLENGE TO VALIDITY OF ZONING ORDINANCE OR MAP

Explain the substantive and procedural basis for the validity challenge citing the section(s) of the Ordinance at issue (must provide facts and reasoning to support your argument):

PERMISSION FOR AERIAL & GROUND VIEW OF PROPERTY

Applicant(s) and/or owner(s) hereby grant(s) permission and authorize members of the Township of Salisbury staff and/or Zoning Hearing Board members individually to visit the site and review aerial and ground depictions of the subject property and its surrounding neighborhood as part of the submission with the Zoning Appeal.

Applicant Signature: _____ Date: _____

Owner Signature: _____ Date: _____

CERTIFICATION

Applicant(s) and/or owner(s) hereby certify that all stated information is correct and complete; Salisbury Township is not responsible for errors or omissions. Public notice of hearing will be based solely on this application.

Applicant Signature: _____ Date: _____

Owner Signature: _____ Date: _____