



Borough of Quakertown
Community Development Office
35 N. Third Street
Quakertown, PA 18951
Tel.: 215-536-5001



REQUIREMENTS FOR ZONING HEARING APPLICATION

1. Complete all of the attached information.
 2. Provide (9) Copies of plot plan
 3. Provide a letter to the Quakertown Zoning Hearing Board Chairman stating your reason for Variance, Special Exception or Interpretation.
 4. Provide Hearing Fee
Residential & Non-Profit Matters \$750.00
Commercial Matters \$1,500.00
 5. All Applications will be dated upon receipt of all above materials and the appropriate Hearing Fee. If you should cancel less than 48 hours before the set date and time of the hearing you will be charged an additional fee of \$300.00. If cancellation is necessary please contact the Zoning Office at 215-536-5001 Ext.132.
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APPLICANT INFORMATION FORM

PLEASE PRINT

PROPERTY OWNER'S NAME _____

PROPERTY OWNER'S HOME ADDRESS _____

PROPERTY OWNER'S PHONE NO. _____

CONTRACTOR'S NAME _____

CONTRACTOR'S ADDRESS _____

CONTRACTOR'S PHONE NO. _____

NAME OF LESSEE _____

LESSEE'S HOME ADDRESS _____

LESSEE'S PHONE NO. _____

NAME OF BUSINESS _____

BUSINESS ADDRESS _____

BUSINESS PHONE NO. _____

*AFTER HOURS EMERGENCY CONTACT & PHONE NO. _____

Please Note were Invoices should be sent in the event of Plan Review: _____

APPLICANT'S NAME _____

(PRINT)

APPLICANT'S SIGNATURE _____

DATE _____

QUAKERTOWN BOROUGH
APPLICATION FOR BUILDING, USE OR SIGN PERMIT

Permit No. _____

Zone _____

Date _____

Tax Parcel _____

Temporary

Permit Fee _____

Permanent

Application is hereby made to _____

Erect of the following dimensions _____

Use _____

Alter Job Address _____

Extend _____

Remove Estimated Cost Value of Work _____

Demolish _____

Occupy For Purpose of: Residential Commercial

Enlarge _____

Convert Other Describe _____

Repair _____

Other _____

Present Use of Property _____

Proposed Change _____

Owner's Name, Address & Phone # _____

Contractor's Name Address & Phone # _____

Contractors PA Act 132 Registration # _____ E-Mail Address _____

A Plot Plan () is Attached

Drawing Information _____

Estimated Completion Date _____

The Applicant agrees that such work will be done as described and that he or she will comply with all provisions of the Zoning Ordinance and all other applicable Ordinances of the Borough of Quakertown. Every permit issued shall become invalid unless the work authorized by such permit is commenced within, 180 days after it issuance, or if the work authorized for such permit is suspended or abandoned.

*All commercial plan reviews will be performed by an approved 3rd party agency unless directed otherwise by the code official. All cost incurred by the Borough above & beyond the normal permit fee will be paid by the applicant.

Print

Signature

For Office Use Only

Permit Approved _____
 Denied _____

Date _____

Douglas C. Wilhelm, Code Enforcement Officer/ BCO, CFEI

Date Hearing Advertised _____

Appeal No. _____

Date of Hearing _____

**ZONING HEARING BOARD
BOROUGH OF QUAKERTOWN
NOTICE OF APPEAL**

(I) (We) _____ of _____

request that a determination be made by the Zoning Hearing Board on the following appeal, which was denied by the Zoning Administrative Officer on _____ for the reason that it was a matter which in the opinion of the Zoning Administrative Officer should properly come before the Board.

An interpretation , a special exception , a variance is requested to Article _____ Section _____, Subsection _____, Paragraph _____, of the Zoning Ordinance for the reason that:

- It is an appeal for an interpretation of the ordinance or map.
- It is a special exception to the ordinance on which the Board is required to pass.
- It is a request for a variance relating to the use, area, frontage, yard, height or

(state, if request is for purpose other than those enumerated)

The description of the property involved in this appeal is as follows:

Location _____

Lot Size _____ Present Use _____

Zone District _____ Present Improvements Upon Land _____

Proposed Use _____

(I) (We) believe that the Board should approve this request because (include the grounds for appeal or reasons both with respect to law and fact for granting the appeal or special exception or variance, and if hardship is claimed, state the specific hardship. See Section 704.6 C or D).

Has any previous application or appeal been filed in connection with these premises?

_____ Yes _____ No

What is the applicant's interest in the premises affected? _____

Owner/Agent

What is the approximate cost of the work involved? _____

Note: A copy of the plan of real estate affected showing location and size of lot, the size of improvements now erected and proposed to be erected, or other change desired, together with any other information required by the Board of Adjustment, must be attached to each copy of this application. If more space is required, attach a separate sheet to each copy of this application and make specific reference to the question being answered.

I hereby certify that all of the above statements and the statements contained in any papers or plans submitted herewith are true to the best of my knowledge and belief.

Signature

Date

11-15-2017/DCW