

Borough of Rochester

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ZONING VARIANCE APPLICATION

1. APPLICANT(S):		DATE:	
2. APPLICANT(S) ADDRES	S:		
3. TELEPHONE: HOME	V	VORK	
4. ADDRESS OF PROPERTY	<i>'</i> :		
BETWEEN:	CROSS STREET)	(CROSS STREET)	
ZONING DISTRICT:_	PARCEL #:	LOT SIZE:	
5. PROPERTY OWNER(S):_			
8. PROPOSED USE OF PRO	PERTY:		
9. VARIANCE REQUESTEI	D:		
10. REASON FOR VARIANC	E REQUEST:		

PLEASE READ CAREFULLY:

DITIONAL ATTACHMENTS AND SUPPLEMENTS MAY BE REQUIRED BY THE CODE ENFORCEMENT OFFICE. [Initial Here]
OUR FAILURE TO APPEAR AT THE ZONING HEARING BOARD MEETING WILL RESULT IN THE DISMISSAL OF UR ZONING VARIANCE REQUEST. IT WILL BE NECESSARY TO RE-APPLY AND PAY THE REQUIRED FEE. (INITIAL HERE)
SIGNING BELOW, YOU ARE STATING THAT YOU ARE AWARE OF THE BOROUGH'S CRITERIA FOR RIANCES AND HAVE RECEIVED A COPY OF THE APPLICABLE CODE SECTIONS. FURTHERMORE, YOU ARE VARE THAT ALL REQUIRED ATTACHMENTS, INCLUDING A SITE PLAN, MUST BE SUBMITTED TO THE CODE FORCEMENT OFFICE BEFORE YOUR APPLICATION MAY BE CONSIDERED. [INITIAL HERE]
WE THE UNDERSIGNED, CERTIFY THAT THE INFORMATION ABOVE AND ATTACHED IS TUE AND CORRECT AS I / WE BELIEVE.
PLICANT(S)' SIGNATURE: DATE:

FOR BOROUGH OF ROCHESTER OFFICE USE ONLY

FEE: \$ COLLECTED BY:			
SITE PLAN SUBMITTED? () YES () NO			
ZONING ORDINANCE SECTION(S):			
ZONING HEARING BOARD MEETING DATE:			
APPROVED () DISAPPROVED ()			
PLANNING COMMISSION REVIEW CONDUCTED? () YES () NO			
PLANNING COMMISSION MEETING DATE:			
PLANNING COMMISSION RECOMMENDATION: APPROVE () DISAPPROVE ()			
APPLICATION REVIEWED BY: DATE: DATE:			

NOTES:	