



Borough of Rochester

350 ADAMS STREET
ROCHESTER, PA 15074
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Fax No.: (724) 775-7020

ZONING VARIANCE APPLICATION

1. APPLICANT(S): _____ DATE: _____

2. APPLICANT(S) ADDRESS: _____

3. TELEPHONE: HOME _____ WORK _____

4. ADDRESS OF PROPERTY: _____

BETWEEN: _____ AND _____
(CROSS STREET) (CROSS STREET)

ZONING DISTRICT: _____ PARCEL #: _____ LOT SIZE: _____

5. PROPERTY OWNER(S): _____

6. PROPERTY OWNER(S) ADDRESS: _____

7. CURRENT USE OF PROPERTY: _____

8. PROPOSED USE OF PROPERTY: _____

9. VARIANCE REQUESTED: _____

10. REASON FOR VARIANCE REQUEST: _____

(OVER)

PLEASE READ CAREFULLY:

APPLICATIONS WILL NOT BE ACCEPTED UNLESS COMPLETED IN FULL, SIGNED, AND THE FEE IS PAID IN FULL. ADDITIONAL ATTACHMENTS AND SUPPLEMENTS MAY BE REQUIRED BY THE CODE ENFORCEMENT OFFICE.

_____ (INITIAL HERE)

YOUR FAILURE TO APPEAR AT THE ZONING HEARING BOARD MEETING WILL RESULT IN THE DISMISSAL OF YOUR ZONING VARIANCE REQUEST. IT WILL BE NECESSARY TO RE-APPLY AND PAY THE REQUIRED FEE.

_____ (INITIAL HERE)

BY SIGNING BELOW, YOU ARE STATING THAT YOU ARE AWARE OF THE BOROUGH'S CRITERIA FOR VARIANCES AND HAVE RECEIVED A COPY OF THE APPLICABLE CODE SECTIONS. FURTHERMORE, YOU ARE AWARE THAT ALL REQUIRED ATTACHMENTS, INCLUDING A SITE PLAN, MUST BE SUBMITTED TO THE CODE ENFORCEMENT OFFICE BEFORE YOUR APPLICATION MAY BE CONSIDERED.

_____ (INITIAL HERE)

I / WE THE UNDERSIGNED, CERTIFY THAT THE INFORMATION ABOVE AND ATTACHED IS TRUE AND CORRECT AS I / WE BELIEVE.

APPLICANT(S)'

DATE: _____

SIGNATURE: _____

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: _____

ZONING OFFICER
THOMAS J. ALBANESE

NOTES:

APRIL 17, 2012