

LOWER MT. BETHEL TOWNSHIP

ZONING OFFICE

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LOWER MT. BETHEL TOWNSHIP ZONING HEARING BOARD APPEAL APPLICATION

Applicant's(s) Name

Street Address

City, State & Zip Code

() _____
Phone Number

_____ Appeal Number
_____ Advertised Dates
_____ Application Fee
_____ Date Received (For Official Use Only)

The following is a list of questions designed to assist you and the Zoning Hearing Board in the efficient and speedy review of your appeal. Please thoroughly answer all questions, which are applicable to your appeal. If you believe the question does not pertain to your appeal, please indicate on this form by answering "Not Applicable". *All questions must be answered to consider this appeal form complete.*

A complete site plan and construction documents must be attached to this application. Please refer to **Section 2.B. of the Lower Mt. Bethel Township Zoning Appeal Procedures and Policy for this requirement.** Please return this form to the Zoning Officer when you file your application. Please type or print clearly.

Please complete the following questions:

1. What is the applicant's interest in the premises affected? (i.e. owner, equitable owner, tenant.)

2. If applicant is represented by an attorney or counsel please provide their full name, address, phone and fax number.

3. If the property owner is not the applicant, list the full name, address and phone number of the property owner. If the applicant is not the property owner, the applicant must provide a signed and notarized letter from the property owner stating his/her permission to allow the applicant to represent the property owner at the zoning hearing board with this zoning appeal.

4. Please provide the requested information about the property involved in this zoning hearing appeal as described below:

Location: _____
(Street Address)

Tax Map ID#: _____ Lot Size: _____

Present Use: _____ Zoning District: _____

Date of when Present Use began: _____ Date of acquisition of this property by the owner: _____

Please list each structure and it's use currently located on this property:

5. What type of sewage and water facilities is available on the property? If no facilities are present, please refer to question 16.

6. Are there any outstanding state or federal violations cited on this property at the time of this application? _____ If yes, please explain these violations below: _____

7. Has any previous zoning appeal been filed in connection with this property? _____

If yes, _____

(List applicant's name, date & nature of appeal)

8. Type of Appeal Sought:

⇒ Variance Appeal _____

⇒ Special Exception Appeal _____

⇒ Interpretation of Zoning Ordinance _____

⇒ Enforcement Notice Appeal _____

⇒ Other Appeal _____ (Describe) _____

List all sections of the Lower Mt. Bethel Township zoning ordinance in which you are seeking zoning relief from: (Please note that if this section is not complete, the appeal will not be heard)

9. State in narrative form the nature of your appeal including the primary relevant facts intended to be presented to the Zoning Hearing Board. Please include a description of all explosive or toxic materials to be stored on this site. Please reference to your attachment if additional space is needed.

10. What is the exact use proposed for the property? List hours of operation, number and type of employees, business equipment to be used or stored at the site, nature of normal business operations. (Please reference to your attachment if additional space is needed.)

11. Are any additional state, federal or other permits required operating the proposed use or constructing the structure? _____ If yes, please provide the list of permits (and their status) required to operate the proposed use or structure.

12. Describe the landscaping proposed for this property is planned, if any. Please indicate the type of landscape buffering proposed, if any.

13. What is the character of the buildings and uses on abutting properties and what is the general character of the surrounding neighborhood? (Please reference to your attachment if additional space is needed.)

14. What will the impact of this use be on existing traffic patterns and volumes for this Zoning Appeal? Also, please specify the amount of parking spaces and unloading areas as specified in the Lower Mt. Bethel Township Zoning Ordinance.

15. What will the impact of this use be on existing stormwater infrastructure? Has a stormwater engineering study been done that complies with Act 167 and has this plan been submitted to Lehigh Valley Planning Commission for their review and has the Northampton County Conservation District, if applicable reviewed a copy of the stormwater-grading plan?

16. What will the impact of this use be on existing sewage or potable water infrastructure? Does this project comply with Act 537 and has the applicant secured DEP Sewage Facilities Planning Module approval? Will this project need municipal water or will individual wells be supplied to each dwelling unit or building? If a private water and sewer system is proposed, please indicate this within this section. An engineering study and plan should be done prior to the submission of this appeal for sewer and water supplied in order to supply the information needed for the Zoning Board to grant approval of the zoning appeal.

17. What degree will the proposed use emit smoke, dust, odor or other air pollutants, noise, vibration, light, electrical disturbances, water pollutants, or chemical pollutants? Such evidence may include the proposed use of proven special structural or technological innovations. Please provide specific and detailed information on all of the aforementioned topics. Please reference to your attachment if additional space is needed.

18. Will the relief requested, if authorized, alter the essential character of the neighborhood or district in which the property is located, or substantially or permanently impair the appropriate use of development of adjacent property, or be detrimental to the public welfare? Please give reasons for your answers to the aforementioned questions by explaining below: (Please reference to your attachment if additional space is needed.)

19. (I) (WE) believe that the Board should approve this request because: (include the grounds for the zoning appeal or reasons both with respect to case law and fact for granting this use requested. Please reference to your attachment if additional space is needed.)

20. Comments, Other Relevant Information or Additional Space for Answering Questions. Please indicate if additional attachments are with this appeal application:

I hereby certify that all of the above statements contained in this zoning appeal application and any papers or plans submitted with this zoning appeal to the Lower Mt. Bethel Township Zoning Hearing Board herewith are true and correct to the best of my knowledge and belief.

Date _____
_____ (Print Name of applicant(s))

Date _____
_____ (Signature of applicant(s))

COMMONWEALTH OF PENNSYLVANIA
COUNTY OF NORTHAMPTON

As subscribed and sworn to before me this _____ day of _____, 201__

IN WITNESS WHEREOF, the parties hereto have hereunto set their hands and seal the day and year aforesaid.

(SEAL)

NOTARY PUBLIC