Borough of Jim Thorpe, 101 East Tenth Street, Jim Thorpe, Pa. 18229 570-325-3025

## JIM THORPE BOROUGH

# ZONING HEARING BOARD APPLICATION SUBMISSION CHECKLIST AND INFORMATION

**Zoning Hearing Date:** 3<sup>rd</sup> Thursday of each month. A hearing shall be initiated within 60 days of the date of an applicant's request for a hearing unless the applicant has agreed in writing to an extension of time. A request for a hearing by an applicant shall not be accepted prior to submission of a duly filed application.

- I. The following must be submitted to be considered a **COMPLETE** application:
  - A. Six (6) copies each of the following:
  - Fully and legibly completed Application to the Zoning Hearing Board
  - Site Plan drawn to scale identified by a graphic scale (reference site plan requirements below)
  - All exhibits, supplemental materials and supporting documentation
  - B. Application Fees paid in full (reference fee schedule below)
- II. The Site Plan shall depict the following information, where applicable:
  - Site data, including location and dimensions of the lot, lot size in acreage and square feet, zoning district, setbacks, and major applicable lot requirements.
  - Locations, dimensions and uses of proposed improvements to the property for which request is being made along with dimensions to lot boundary lines and existing structures.
  - Existing adjacent streets and names.
  - Locations of individual or clusters of healthy trees over six inches in trunk diameter proposed to be removed or preserved.
  - Name and address of the applicant or appellant and address of the owner of the affected property.
  - A description of the proposed use of property.
  - A description of the proposed nonresidential operations and storage in sufficient detail to indicate potential nuisances and hazards regarding noise, large truck or other vehicle traffic, glare, odors, dust, fire and toxic or explosive hazards or other significant public health and safety hazards.
  - If a nonresidential use is proposed within close proximity to dwellings, a description of hours of operation.
- III. The application shall be completed for the following properties:
  - Owner of record of property abutting or directly across the street from the lot lines for the subject property. The mailing address of the property owners must be provided.

The applicant and/or appellant must be present at the Zoning Hearing Board meeting. Applicants should be prepared with documentation to support their case, such as but not limited to drawings of natural and man-made features, existing and proposed features/structure (interior and exterior) with dimensions, photos of property and adjacent properties, and site plans.

#### **ZONING HEARING BOARD FEES**

Variance, Special Exception, Appeal	\$	750.00
Each Subsequent Hearing	\$	250.00
Validity Challenge	\$1	,000.00
Zoning Change	\$1	,000.00

Extra Fees disclaimer – Any costs incurred by Jim Thorpe Borough which exceed the above referenced fee will be billed to the applicant. All requests for refunds of unused application fees shall be submitted to the borough in writing.

#### Payment of Fees.

All fees are due and payable, in full, at the time the submission (including <u>inter alia</u> an application, appeal, plan, or permit request or other package) is presented to the Borough for filing. Any fees noted as "paid under protest", "with reservations, "without prejudice" (or similar language) will cause the submission to be rejected and not accepted; and, under such circumstances, the submission will be returned to the applicant. Any charges over and above the collected application and review fees are the responsibility of the applicant and must be paid in full prior to the release and/or recording of final documents.

Engineering, legal and administrative fees will be charged to each individual account. The initial applicant may request any remaining balance in writing. Any charges over and above the collected applicant and review fees are the responsibility of the applicant and must be paid in full prior to the release and recording of the plans. Prior to recording, applicant must submit all recording fees to the Borough. (Revised 6/11/2020)

\*\*\*OFFICE USE ONLY\*\*\*

Date Received:	
Zoning District:	
Tax Parcel No:	
Zoning Permit No:	

### APPLICATION TO THE ZONING HEARING BOARD

Residential Non-Residential Tax Parcel ID:   Lot:	PROPERTY INFORM	<u>IATION</u>				
Subdivision Name:		<del>_</del>	Tax Parc	el ID:		
Lot Width: Lot Depth: Total Lot Size Acres/Square Feet:  CONTACT INFORMATION  Property Owner: Email Address: State: Z Phone: Cell Phone: Fax: Email Address: Mailing Address: City: State: Z Phone: Cell Phone: Fax: Email Address: State: Z Phone: Cell Phone: Fax: Email Address: State: Z Phone: Cell Phone: Fax: Email Address: State: Z Phone: Cell Phone: Fax: State: Z Phone: Cell Phone: Fax: State: S Phone: Cell Phone: Fax: S  City: State: S Phone: Fax: S  City: State: S  Nariance Special Exception of the Zoning Ordinance for which the application is made: S  NARRATIVE  Grounds for appeal, challenge, relief, or special exception (hardship must be included if requesting a Variance):  NARRATIVE  OWNER OF RECORD OF NEIGHBORING PROPERTIES (attach a separate sheet for additional properties if needed)  Name: Address: Parcel ID:			Lot:	Section:	Zoning D	istrict:
CONTACT INFORMATION  Property Owner:						
Property Owner:  Mailing Address:  Cell Phone:  Cell Phone:  Email Address:  Applicant:  Email Address:  Mailing Address:  Mailing Address:  City:  State:  Zelphone:  Email Address:  Mailing Address:  City:  State:  Zelphone:  Email Address:  Email Address:  Legal Counsel:  Email Address:  Mailing Address:  City:  State:  Zelphone:  Cell Phone:  Cell Phone:  Cell Phone:  Fax:  INTYPE OF REOUEST  Appeal  Validity Challenge  Variance  Special Exception which the application is made:  Interpretation of the Zoning Ordinance for which the application is made:  NARRATIVE  Grounds for appeal, challenge, relief, or special exception (hardship must be included if requesting a Variance):  DWNER OF RECORD OF NEIGHBORING PROPERTIES (attach a separate sheet for additional properties if needed)  Name:  Address:  Parcel ID:	Lot Width:	Lot Depth:	Total Lot	Size Acres/Squar	re Feet:	
Mailing Address: City: State: Z Phone: Cell Phone: Fax: if different than Owner)  Applicant: Email Address: Mailing Address: City: State: Z Phone: Cell Phone: Fax: Email Address: State: Z Phone: Cell Phone: Fax: City: State: Z Phone: Cell Phone: Fax: Fax: Fax: Fax: State: St	CONTACT INFORMA	ATION				
Phone:	Property Owner:		E	mail Address:		
Applicant:	Mailing Address:		City:		State:	Zip:
Applicant:	Phone:	Cell Phone:		·	Fax:	
Mailing Address:	(if different than Owner)					
Phone:						
Legal Counsel:						
Mailing Address: City: State: 7 Phone: Cell Phone: Fax:    Proper Fract						
Phone:	Legal Counsel:		En	nail Address:		
Appeal	Mailing Address:		City:		State:	Zip:
Appeal	Phone:	Cell Phone:			Fax:	
OWNER OF RECORD OF NEIGHBORING PROPERTIES (attach a separate sheet for additional properties if needed)  Name:Address:Parcel ID:	NARRATIVE Grounds for appeal, cha	llenge, relief, or special exception	ı (hardshin mu	st be included if	requesting a	
Name:         Address:         Parcel ID:           Name:         Address:         Parcel ID:           Name:         Address:         Parcel ID:           Name:         Address:         Parcel ID:	* *					
Name:         Address:         Parcel ID:           Name:         Address:         Parcel ID:           Name:         Address:         Parcel ID:           Name:         Address:         Parcel ID:						
Name:         Address:         Parcel ID:           Name:         Address:         Parcel ID:           Name:         Address:         Parcel ID:           Name:         Address:         Parcel ID:						
Name:         Address:         Parcel ID:           Name:         Address:         Parcel ID:           Name:         Address:         Parcel ID:           Name:         Address:         Parcel ID:						
Name:         Address:         Parcel ID:           Name:         Address:         Parcel ID:           Name:         Address:         Parcel ID:           Name:         Address:         Parcel ID:	OWNED OF DECORD	OF NEIGHBORING DRODERT	IES (-44-1	11:4:-	1	. 1 - 1\
Name:         Address:         Parcel ID:           Name:         Address:         Parcel ID:           Name:         Address:         Parcel ID:						
Name:         Address:         Parcel ID:           Name:         Address:         Parcel ID:						
Name:						
Name:Address:Parcel ID:	Name:(revised 6/11/20)	Address:			Parcel ID:	

authorized representative, I agree to conform to all applicable laws of the jurisdiction. Construction shall comply with all Local Municipal Codes and the most current ICC Building Codes as adopted by the Commonwealth of Pennsylvania. I have examined this application, its requirements and to my knowledge and belief, it is a true, correct, and complete application.						
Applicant Printed Name:						
Applicant Signature:	Date:					
The application fee must be submitted along with the applicati	on.					
<b>Note:</b> For an Appeal, attach a true copy of the order or decision of the Zoning Officer.  All information submitted shall become part of the record and cannot be returned to the applicant.  Please read the <b>Zoning Hearing Board Applications Submission Checklist and Information</b> for the recommended material to be attached to the application and what should be brought to the Hearing for presentation.						
****OFFICE USE ONLY*** RECORD OF EVENTS						
Application						
Application Date	Date:					
Date Received as Completed Submission	Date:					
Public Notices						
1st Publication (no more than 30 days prior to meeting)	Date:					
2 <sup>nd</sup> Publication (no less than 7 days prior to meeting)	Date:					
Hearing(s)						
Initial (within 60 days of application date)						
Subsequent (within 45 days from prior meeting)						
Subsequent (within 45 days from prior meeting)						
Subsequent (within 45 days from prior meeting)	Date:					
Applicant's required completion						
Final Presentation (within 100 days from 1st Hearing)	Date:					
Decision/Findings						
Boards Written Notice (within 45 days from last Hearing)	Date:					
Zoning Officer's Name Printed:						
Zoning Officer's Signature:	Date:					

I hereby certify that the proposed application and subsequent actions or uses are authorized by the owner. As the owner or