



# LOWHILL TOWNSHIP PLANNING & ZONING OFFICE

7000 Herber Rd  
New Tripoli, PA 18066  
Phone: 610-298-2641  
www.lowhilltp.org

## ZONING HEARING BOARD APPEAL APPLICATION

_____	Applicant's Name
_____	Street Address
_____	City, State & Zip Code
(       ) _____	Phone Number
(       ) _____	Fax Number
_____	Email Address

<u>TOWNSHIP USE ONLY</u>	
Appeal #:	_____
Hearing Date:	_____
Advertised Dates:	_____
Received Stamp	<div></div>

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 answer "Not Applicable" where provided. ***All questions must be answered to consider this appeal form complete. Please type or print clearly. Applications will be returned if illegible.*** Applications for zoning hearing board hearings must be submitted to the Zoning Officer **AT LEAST TWENTY-EIGHT (28) DAYS BEFORE THE NEXT REGULARLY SCHEDULED MEETING.**

The following supporting data and information must be submitted and made a part of this application to be accepted as a complete Zoning Hearing Board Application:

1. Six (6) copies of sketch or plot plan and all diagrams indicating thereon all exact measurements as applicable to the structures or property, showing how the proposed structure will be situated on the tract, giving exact dimensions of the lot with distances indicated from lot lines to the structure (front, rear, and side yard distances)
2. A written statement of applicant outlining the specific variances or zoning relief requested by the applicant and special reasons, circumstances and conditions upon which the application is submitted, including this application form.
3. A copy of the building or construction plans, if applicable to this case.
4. A copy of the property deed of the applicant and or the sales agreement proving the applicant is the equitable owner seeking zoning relief for this property.
5. All previously Township granted zoning relief or issued violations for the property.

6. Listing of all notified property owners within 500 ft. of the applicants property for this appeal as described below.

### **Property Information**

Location: \_\_\_\_\_  
(Street Address)

Tax Map ID: \_\_\_\_\_ Lot Size: \_\_\_\_\_

Present Use: \_\_\_\_\_ Date of when Present Use began: \_\_\_\_\_

Proposed Use: \_\_\_\_\_ Zoning District: \_\_\_\_\_

Date of acquisition of this property by the owner: \_\_\_\_\_

List each structure and its use currently located on this property: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **Please complete the following questions:**

1. **What is the applicant's interest in the premises affected? Property Deed must be provided to prove ownership.**

☐ Owner ☐ Equitable Owner ☐ Tenant ☐ Other

2. **Property Owner:** \*\*\* ***Please Note:*** 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 this applicant to represent the property owner at this zoning appeal with this submission. A sales agreement must be included to prove equitable ownership.

☐ Owner's Consent Attached

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ Alternate Phone #: (\_\_\_\_) \_\_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_\_

3. **Attorney or Counsel:**

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ Alternate Phone #: (\_\_\_\_) \_\_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_\_

4. **Have any previous appeal(s) been filed in connection with this property?** ☐ No ☐ Yes

If yes, \_\_\_\_\_

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

\_\_\_\_\_

5. **Type of Appeal Sought:**
- |  |  |
|--|--|
| <input type="checkbox"/> Variance Appeal _____                   | <input type="checkbox"/> Enforcement Notice Appeal_____                  |
| <input type="checkbox"/> Special Exception Appeal_____           | <input type="checkbox"/> Floodplain Ordinance Special Permit or Variance |
| <input type="checkbox"/> Interpretation of Zoning Ordinance_____ | <input type="checkbox"/> Other Appeal_____                               |

Please list all sections of the Lowhill Township Zoning Ordinance and any other township ordinances in which you are seeking zoning relief from:

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6. **Nature of Appeal:** 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 make reference to your attachment if additional space is needed.

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7. **Proposed Use:** 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.)

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8. **Water and Sewer:** What type of sewage and water facilities are available on the property?

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What will the impact of this use be on existing sewage or potable water infrastructure? \_\_\_\_\_

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Does this project comply with Lowhill Township Act 537? ☐ No ☐ Yes ☐ Not Applicable

Has the applicant secured DEP Sewage Facilities Planning Module approval? ☐ No ☐ Yes ☐ Not Applicable

Will this project need municipal water or will individual wells be supplied to each dwelling unit or building?

☐ No ☐ Yes ☐ Not Applicable

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.

9. **Landscaping:** Describe the landscaping and type of landscape buffering proposed for this property, if any. If no change is proposed with this application, check here: ☐ Not Applicable

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10. **Neighborhood Character:** 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.)

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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.)

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11. **Traffic and Parking:** What will the impact of this use be on existing traffic patterns and volumes and has a traffic study been done which complies with the Lowhill Township Ordinance for this Zoning Appeal? Also, please specify the amount of parking spaces and unloading areas as required in the Lowhill Township Zoning Ordinance.

If no change or impact is proposed with this application, check here: ☐ Not Applicable

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12. **Stormwater Management:** What will the impact of this use be on existing stormwater infrastructure? Has a stormwater engineering study been completed that complies with Act 167 and has this plan been submitted to Lehigh Valley Planning Commission for their review?

If no change or impact is proposed with this application, check here: ☐ Not Applicable

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13. **Environmental Impact:** 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.

If no change or impact is proposed with this application, check here: ☐ Not Applicable

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14. **State & Federal Violations:** Are there any outstanding state or federal violations cited on this property at the time of this application? ☐ No ☐ Yes \_\_\_\_\_. If yes, please explain these violations below:

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15. **Additional Permits:** Are any additional state, federal or other permits required to operate the proposed use or construct the structure? ☐ No ☐ Yes \_\_\_\_\_. If yes, please provide the list of permits (and their status) required to operate the proposed use or structure.

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16. **Applicant's Statement:** (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.)

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17. **Comments,** other relevant information or additional space for answering questions. Please indicate if additional attachments are with this appeal application:

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***FOLLOWING HEREAFTER ARE THE NAMES AND ADDRESSES OF PROPERTY OWNERS WITHIN A DISTANCE OF 500 FEET FROM THE EXTERIOR LIMITS OF THE PROPERTY INVOLVED IN THIS APPEAL, AS SHOWN BY THE LATEST ASSESSMENT ROLLS FOUND IN THE ASSESSMENT OFFICE LOCATED AT THE LEHIGH COUNTY GOVERNMENT CENTER IN ALLENTOWN, PENNSYLVANIA.***

NAME

ADDRESS

NAME

ADDRESS

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***The undersigned has examined the latest assessment rolls found in the Assessor's Office for the County of Lehigh at the Lehigh County Government Center in Allentown, Pennsylvania, and certifies that the above listed individuals are the only property owners within five hundred (500) feet of the exterior limits of the property involved in this appeal at the time of the filing of this appeal. It is understood by the undersigned that any omission from the list of property owners above shall be considered a sufficient ground by and of itself for the revocation of any decision which may be rendered in favor of the within applicant. I hereby certify that all of the above statements contained in this application and any papers or plans submitted with this zoning appeal to the Lowhill Township Zoning Hearing Board herewith are true and correct to the best of my knowledge and belief. Authorization is granted to any municipal representative of Lowhill Township to access the above property as stated within this application at any reasonable hour; along with posting the property as required under the Lowhill Township Zoning Ordinance and the Pennsylvania Municipalities Planning Code.***

\_\_\_\_\_  
Date

\_\_\_\_\_  
(signature of applicant)

\_\_\_\_\_  
(Print Name)