

City of Duquesne

12 South Second Street. Duquesne, PA 15110

Phone: (412) 469-0544, Fax: (412) 469-3795



PROPERTY INFORMATION

Property Address: _____ Zoning District: _____ Ward: _____
Owner's Name _____ Parcel Number: _____ - _____ - _____
Address: _____ Phone: () _____
City: _____ State: _____ Zip Code: _____ Fax: () _____

APPLICANT INFORMATION

Name: _____
Address: _____ Phone: () _____
City: _____ State: _____ Zip Code: _____ Fax: () _____

VARIANCE/EXCEPTION/PROTEST INFORMATION

- A special exception
- A protest appeal
- An interpretation
- A variance to the City of Duquesne Code of Ordinances, Chapter 27-Zoning, Part _____, Section _____, subsection _____, letter/number _____, letter/number _____ for the following reason(s)
 - It is a special exception to the ordinance on which the Zoning Hearing Board is required to approve if the conditions are met.
 - It is an appeal for the interpretation of the ordinance or zoning map.
 - It is a request for a variance relating to the:
 - Area
 - Frontage
 - Yard
 - Height
 - Dimensional
 - Use or

The description of the property in this application is as follows:

Present improvement on lot: _____ Lot size: _____ square feet.

Current _____ or _____ former

Proposed use:

I/we believe that the Zoning Hearing Board should approve of this request because:

(Includes grounds for appeal or reasons with respect to law and fact for granting the appeal, special exception or variance, and/or if hardship is claimed, state the specific hardship)

Has any previous application or appeal been filed in connection with these premises

- No
- Yes – please list dates and results

What is the applicant's interest in the premises affected?

- Owner
- Agent
- Lessee
- Other – _____

STATEMENT OF TRUTH

COMMONWEALTH OF PENNSYLVANIA COUNTY OF ALLEGHENY

Deponent, being duly sworn says they are the:

- Owner of record of the property for which this application is made, and that all the statements and data furnished with this application are true and correct.
- Authorized agent for the owner of record of the property for which the application is made and as such has express authority to bind such owner to all terms and conditions of any occupancy permit issued pursuant to this application, and that all statements and data furnished with this application are true and correct.

Sworn to and subscribed before me this _____ day of _____ 20____

Notary Public

Applicant (signature)

Applicant (printed)

ABUTTING PROPERTY OWNERS

The following are the names and addresses of owners of property who directly abut and/or are across the right-of-way of the property involved in this appeal. All information should be obtained from the latest assessment information from the Allegheny County Real Estate Division

(<http://www2.county.allegheny.pa.us/RealEstate/search.asp>)

Name	Address/Zip Code

DIRECTIONS FOR FILING

Seven (7) collated sets of this application and all other pertinent information (survey, site plan, drawings, photographs, etc.) are required to be submitted to the Building Inspection/Zoning Department twenty-one (21) days prior to the Zoning Hearing Board meeting. An information left blank on this application will result in your application being denied and returned to the applicant. Please note that the fee must be paid with your application.

FILING FEES

APPEALS, SPECIAL EXCEPTIONS & INTERPRETATIONS

R-1 & R-2 (Residential) Zoning Districts: **\$225.00**

All Other Zoning Districts: **\$475.00**

USE VARIANCES

R-1 & R-2 (Residential) Zoning Districts: **\$475.00**

All Other Zoning Districts: **\$925.00**

DO NOT WRITE BELOW THIS LINE – CITY USE ONLY

Fee: \$ _____

Application accepted _____

Date: _____

City of Duquesne Zoning Officer

Zoning Hearing Board Appeal No.		Invoice Number	
Public Hearing Date		Check Number	
Date Hearing Advertised			
Date agenda mailed to abutting Property owners		Date Property Posted	