



CITY OF COATESVILLE

ZONING HEARING BOARD APPEAL APPLICATION

APPEAL # _____ DATE APPLIED _____ FEE PAID & Type _____



Property Location _____ Subdivision: _____ Lot # _____

Zoning District: _____ Tax Parcel: _____ Phone No. _____
Email _____

I / We (name) of (address) Request that a hearing on my/our APPEAL by the city of Coatesville's Zoning Hearing Board on the following case (choose one):

Special Exception to the City's Ordinance Chapter 224, zoning as amended, Section 265-129, Specifically _____

Variance to The City's Ordinance Chapter 224, zoning as Amended, relating to the () area, () side yard, () rear yard, () front yard, () height, () or other provision as follows: _____

Appeal a decision of the Zoning Officer, Specifically, the following: _____



Your Right to Appeal for a Hearing before the Zoning Hearing Board

Application Received By: _____

Date: _____

Zoning Officer: _____

Signature _____

Date: _____

Hearing Date: _____

Dates of Advertisement: _____

NOTE: Denied applications may be appealed. The Applicant has the right to appeal the Zoning Officer's determination to the Zoning Hearing Board. The fee's for the ZHB Appeal are as follows and is NON-Refundable, win or lose.

Variances or Special Exceptions:

Non-Residential: 3 or more residential units and/or Commercial - \$1200

Residential: 1-2 Family Dwellings - \$900