



---

# TOWNSHIP OF HALFMOON

100 MUNICIPAL LANE · PORT MATILDA, PA 16870

TELEPHONE : (814) 692-9800

www.halfmoontwp.us

---

## **ZONING HEARING VARIANCE APPLICATION**

*The undersigned hereby applies to the Zoning Hearing Board for a hearing.*

### **APPLICANT (Name):**

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### **PROPERTY OWNER: (If different from Applicant)**

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### **PROPERTY LOCATION:**

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

Description (lot number or other, optional): \_\_\_\_\_

Tax Parcel No. \_\_\_\_\_

### **PRESENT USE OF THE PROPERTY:**

---

---

### **PROPOSED USE OF THE PROPERTY:**

---

---



# TOWNSHIP OF HALFMOON

100 MUNICIPAL LANE · PORT MATILDA, PA 16870

TELEPHONE : (814) 692-9800

www.halfmoontwp.us

## **JURISDICTION OF ZONING HEARING BOARD:**

The Zoning Hearing Board shall have exclusive jurisdiction to hear and render final adjudications in the following matters:

- Substantive Validity Challenge
- Procedural Validity Challenge
  - Appeal from Zoning Officer
- Flood Plain or Flood Hazard Ordinance
  - Variance
  - Special Exception
  - Transfer Development Rights
  - Preliminary Opinion of Zoning Officer
- Sedimentation, Erosion Control, Stormwater Management

To view the online code, please click on the following link:

<https://ecode360.com/HA1360>

## **Fill in the information requested to describe your appeal or request:**

1. Identify the ordinance or section of the ordinance involved

---

---

---

2. Describe the action you are appealing or the request you are making to the Board.

---

---

---

3. Describe what you desire to build or to do.

---

---

---

4. Describe the reasons for your appeal or request.

---

---

---

**\*Attach all documents, plans, maps, correspondence, or other materials relevant to your appeal. \***



---

# TOWNSHIP OF HALFMOON

100 MUNICIPAL LANE • PORT MATILDA, PA 16870

TELEPHONE : (814) 692-9800

[www.halfmoontwp.us](http://www.halfmoontwp.us)

---

## ENTRY OF APPEARANCE

NAME OF CASE: \_\_\_\_\_

PROPERTY ADDRESS OR LOCATION: \_\_\_\_\_

**I DESIRE TO BE CONSIDERED A FORMAL PARTY TO THESE PROCEEDINGS. PLEASE SEND ALL NOTICES TO ME OR TO MY ATTORNEY.**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

I AM PRESENT ON BEHALF OF: \_\_\_\_\_

### EXPLANATION:

**This form must be filled out by every person or their respective attorney, including the applicant, who desires to be considered a formal party or attorney of record in these proceedings. It is not required to be signed by persons who are only present as a witness.**