

**Request for Hearing**  
**Zoning Hearing Board**  
**Borough of Bradford Woods, Pennsylvania**  
(See Ordinance No. 375) Codification Section 225-63 to 225-65

I, (We) \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

hereby request a hearing by the Zoning Hearing Board for the following:

- Grant a variance from the terms of the Zoning Ordinance (See Ord. 375, Sec. 225-64)
- Approve a Special Exception to the Zoning Ordinance (See Ord. 375, Sec. 225-65))
- Challenge the validity of the Land Use Ordinance (See MPC, Section 909.1a)
- Appeal a determination of the Zoning Officer (See Ord. 375, Sec. 225-63))

The applicable section of the Zoning Ordinance is \_\_\_\_\_.

The affected property is: \_\_\_\_\_ Zoning District \_\_\_\_\_.

(Provide a description of property, include four copies of a site plan dated and drawn to scale by a registered engineer or land surveyor showing dimensions, corner markers, set backs, restriction lines, area of lot in square feet, water courses, right-of-ways, which may extend through the property and any other information necessary regarding this request).

Description for reason of application appeal: \_\_\_\_\_

I have standing before the Zoning Hearing Board as:

- The owner of the above-named property
- An authorized agent of the above-named property
- Other

- I understand that a tape recording of the hearing will be made
- I understand all fees must be paid prior to final disposition of the review proceeding

**FEES:**

- I understand I will be required to pay a nonrefundable fee for any proceeding or appeal
- I understand I will be required to pay one-half of the appearance fee of a court stenographer
- If I require a written transcript of the proceedings, I will be required to pay the costs of transcription

I certify that the above information is true and accurate.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

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

Name of Authorized Agent \_\_\_\_\_ Email: \_\_\_\_\_

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

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**OFFICIAL USE ONLY**

Filed with the Zoning Hearing Board on \_\_\_\_\_ 20 \_\_\_\_

**FEES:**

Hearing Request Fee Paid: (\$300) \_\_\_\_\_ Date: \_\_\_\_\_

One Half Appearance Fee of Court Stenographer Paid: \$ \_\_\_\_\_

Original or Copy of Transcript Fee: \$ \_\_\_\_\_

Date of Hearing is \_\_\_\_\_ at Bradford Woods Borough Fire Hall, at \_\_\_\_\_ PM