

Town of Bloomsburg
Code Enforcement & Zoning Office
301 E. Second Street
Bloomsburg, PA 17815

Telephone: (570) 784-7123, ext. 124 or 116

Fax: (570) 784-1518

BLOOMSBURG ZONING HEARING BOARD
APPLICATION FILING INSTRUCTIONS
VARIANCES and SPECIAL EXCEPTIONS

1. Complete all necessary information on the application. Contact the Zoning Office section(s) of ordinance you are requesting relief from.
2. Attach a copy of the plot plan (drawn to scale) of the property in question which shows the location of the lot, the size of the lot and the location of all existing improvements and the proposed improvements or changes to the lot. This plot plan must include the following:
 - A. All property lines
 - B. All streets and alleys
 - C. All structures
 - D. All dimensions
 1. Lot length and width
 2. Lot area (square footage)
 3. Building lengths and widths
 4. Front, rear and side set backs
 5. Parking spaces, including size and number
 - E. Size and placement of all signs, drawn to scale
3. Obtain a complete written list of property owners within 300-feet of the applicant property. **This list must include the address of the properties and the mailing address of the property owner.** This list may be obtained from the tax assessment office at the Columbia County Courthouse, 35 W. Main Street, Bloomsburg, PA.
4. Submit the application and all pertinent information along with a check in the amount of **\$550.00** made payable to the **Town of Bloomsburg**.
5. **DEADLINE FOR SUBMISSION OF ALL APPLICATIONS IS THE 15TH OF EACH MONTH.** **Applications will be heard and possibly acted on at the regularly scheduled meeting held the second Thursday of the following month.** (Example: an application submitted by January 15th would be heard on the second Thursday in February).
6. You **MUST** attend the meeting to give testimony and answer any questions the board may have.

DO NOT WRITE IN THIS SPACE (FOR OFFICE USE ONLY)

DATE OF FILLING OF APPLICATION WITH THE SECRETARY: _____

DATE OF ZONING HEARING BOARD MEETING: _____

DATE HEARING ADVERTISED: _____

FEE PAID: _____ **APPEAL NUMBER:** _____

**TOWN OF BLOOMSBURG
ZONING HEARING BOARD
APPLICATION FOR A VARIANCE**

The undersigned requests the granting of a VARIANCE by the following Zoning Hearing Board of the Town of Bloomsburg as set forth below:

1. Name and Address of the applicant(s):

2. Address of the property in question:

3. Zoning District in which the property in question is located: _____

4. What is your interest in the property in question? Please set forth whether you own the property, lease the property, intend to lease the property, or intend to purchase the property under an agreement of sale:

5. Set forth **in detail** the Variance that you are requesting and the section of the Town of Bloomsburg Zoning Ordinance under which you are requesting the Variance:

6. Set forth why you feel a Variance should be granted:

7. Please describe in detail all uses, physical circumstances and conditions which you feel justify the granting of a Variance:

8. Set forth the hardship that you would suffer if a Variance is not granted:

9. Set forth the reasons why your property, if the Variance is not granted, cannot be developed in conformity with the provisions of the Zoning Ordinance of the Town of Bloomsburg:

10. Set forth facts which show you have not created this hardship:

11. Set forth the effects that the granting of the Variance will have on the neighborhood where the property is located:

12. Set forth why the Variance you are requesting is the minimum Variance you need to utilize your property as requested:

HEARING REQUEST

I request a hearing before the Zoning Hearing Board and certify the facts set forth in the above application are true. I understand if this application is not complete or if the information requested is not provided this application can be rejected by the Zoning Hearing Board as an incomplete application.

APPLICANT: _____ DATE: _____