



BOROUGH OF SHARPSBURG

Request For Hearing Zoning Hearing Board

Applicant Name: _____

Applicant Address: _____

Telephone: _____ Email: _____

Location to be discussed: _____

Block/Lot: _____

Property Owner: _____

Description of work going to be performed: (Attach any documentation)

I/We hereby certify that all the above information is true and correct to the best of my/our knowledge.

Date: _____ Applicant Signature: _____

The following fees are established for appeals, applications and/or petitions to the Zoning Hearing Board.

- A. Current fees as advertised on the annual fee schedule, available at www.sharpsburgborough.com under Forms and Permits, to reimburse for advertising, attorney fees, stenographer fees, administrative fees, and costs for Zoning Hearing Board Hearings. *The same amount will be charged for any rescheduling.*
- B. After deducting costs of advertising, attorney fees, stenographer fees, administrative fees and reasonable utility costs, the applicant/s will be refunded any unused portion of their deposit or billed for any amounts in excess of their deposit.

OFFICE USE ONLY

Date Filed: _____ Hearing Fee Paid: _____

Date Advertised: _____ Date of Hearing: _____