



BOROUGH OF AMBRIDGE

DEPARTMENT OF ZONING

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Ambridge, PA 15003-2377
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APPLICATION FOR APPEAL - ZONING BOARD OF ADJUSTMENT

DATE: _____

PROPERTY ADDRESS: _____

TAX PARCEL NUMBER: _____ PROPERTY PRESENT ZONED: _____

APPELLANT INFORMATION

Name: _____

Address: _____ Phone #: _____

Interest in Property: _____

PLEASE CHECK APPROPRIATE ITEM BELOW DESCRIBING TYPE OF REQUEST

Dimensional Variance Special Exception

Validty Variance Interpretation

Cite The Specific Section of the AMBRIDGE BOROUGH Zoning Ordinance Which Applies to this Appeal

Article _____ Section _____ Subsection _____

Please Provide Below, or on a separate sheet, a written description of the type of variance or special exemption sought and the grounds for this request:

Please sign and return

OWNER'S SIGNATURE: _____ DATE: _____

***** FOR OFFICE USE ONLY *****

DATE RECEIVED: _____ AMOUNT RECEIVED: _____ CHECK NO: _____ CASH

RECEIVED BY BOROUGH OFFICE: _____ RECEIPT #: _____