



THE BOROUGH OF BEAVER

2025-VARIANCE/INTERPRETATION/SPECIAL EXCEPTION/CONDITIONAL USE

469 Third Street, Beaver, PA 15009

www.beaverpa.us

Phone: 724-773-6700 Fax: 724-773-6711

beaverborough@comcast.net

Today's date: _____ Zoning District: _____ Tax Parcel #: _____

Property address: _____

Applicant name: _____ Phone: _____

Applicant address: _____ Email: _____

Property owner name: _____ Phone: _____

Property owner address: _____ Email: _____

Property is described, located and used as follows (if necessary, attach map or sketch): _____

- Variance
 Interpretation
 Special Exception
 Conditional Use
 Appeal

Statement of relief sought: _____

For an appeal interpretation, attach a true copy of the order, requirement, decision, or determination of the Zoning Officer.

I hereby certify that all of the above information and statements contained in any papers or plans submitted are true and complete to the best of my knowledge. A complete application is required.

Signature of Applicant

Date

Signature of Property Owner

Date

Initial Hearing Fee: \$1000.00

Additional Hearing Fee: \$750.00 (each)

In addition to the above fee, applicant shall pay any and all costs incurred by the Borough of Beaver or Zoning Hearing Board related to such application in excess of the fee listed above.

Amount Paid: _____

Check # _____

Additional Fees: _____

Invoiced Date: _____

Received: _____
Publication: _____
Hearing: _____
Order: _____