Print Form

Application for Variance or Special Exception

City of Chester
1 Fourth Street
Chester, PA
19013

Phone: 610-447-7707
Fax: 610-447-7907
www.chestercity.com

Please print legibly

Name of applicant:

Phone number:

Address of applicant:

Owner of property:

Address of owner:

Address at which zoning relief is requested:

City State Zip Code

THE UNDERSIGNED HEREBY MAKE APPLICATION FOR A HEARING FOR THE PURPOSE OF:

ZONING DISTRICT:

ARTICLE:

ITEMS THAT MUST ACCOMPANY THIS APPLICATION (Please check below)

- ☐ LETTER FROM OWNER ACKOWLEDGING THIS REQUEST
- ☐ DEED, AGREEMENT OF SALE, AND/OR SIGNED LEASE
- ☐ PROPERTY LINE MAP WITH DIMENSIONS, INCLUDING FRONT, SIDE AND READ YARDS
- ☐ MONEY ORDER PAYABLE TO THE CITY OF CHESTER (non-refundable)

APPLICANT SIGNATURE **OWNER SIGNATURE:**

FOR ZONING OFFICAL USE ONLY

DATE RECIEVED: **HEARING DATE:**

ADVERTISE 1ST: **ADVERTISE 2ND:**

CHECK #: **AMOUNT $:**

ZONING OFFICER: