



City of Chester Zoning Hearing Board

Application for Special Exception

SUBMIT COMPLETE APPLICATION TO:

**CITY OF CHESTER
PLANNING DEPARTMENT
CITY HALL, 1 FOURTH STREET
CHESTER, PA 19013**

FOR OFFICE USE ONLY

DATE RECEIVED: _____

HEARING DATE: _____

1ST ADVERTISEMENT: _____

2ND ADVERTISEMENT: _____

CHECK/MONEY ORDER NO.: _____

AMOUNT: _____

APPLICANT MUST COMPLETE ALL INFORMATION BELOW. PRINT CLEARLY. SEE INSTRUCTIONS FOR REQUIREMENTS.

LOCATION OF PROPERTY (LEGAL ADDRESS):

PROPERTY OWNER'S NAME:

PROPERTY OWNER'S ADDRESS (INCLUDE CITY, STATE, AND ZIP):

PHONE:

EMAIL:

APPLICANT (IF DIFFERENT FROM THAT OF OWNER):

APPLICANT'S ADDRESS (INCLUDE CITY, STATE, AND ZIP):

FIRM/COMPANY:

PHONE:

EMAIL:

RELATIONSHIP TO OWNER:

TENANT/LESEE

ATTORNEY

DESIGN PROFESSIONAL

CONTRACTOR

EXPEDITOR

OTHER _____

SPECIAL EXCEPTION APPEAL:

USE PERMITTED BY SPECIAL EXCEPTION

USE NOT SPECIFICALLY REGULATED

CONVERSION OF INSTITUTIONAL BUILDING

DEMOLITION OR MODIFICATION OF LISTED HISTORIC BUILDING

EXPANSION/CONSTRUCTION INVOLVING NON-CONFORMITIES

OTHER _____

PLEASE RESPOND TO EACH OF THE FOLLOWING CRITERIA AS REQUIRED FOR THE GRANTING OF A SPECIAL EXCEPTION:

Will the special exception cause congestion or hazards in public streets or transportation systems beyond what would normally be expected from the proposed use? Explain.

Will the proposed use substantially negatively change the character of any surrounding residential neighborhood? Explain.

Will the special exception burden the water, sewer, school, park or other public facilities beyond what would be normally expected from the proposed use? Explain.

Will the special exception create a significant hazard to public health and safety? Explain.

ADDITIONAL DETAILS (If necessary, attach additional description text on a separate sheet):

CERTIFICATION

I hereby certify that I am authorized by the owner to make the foregoing application. I further certify that the statements contained herein are true and correct to the best of my knowledge and belief. I understand that if I knowingly make any false statements herein I am subject to such penalties as may be prescribed by law.

Applicant Signature

Date (Month/Day/Year)

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