

## SITE ADDRESS: 1915 Cloverdule Rd. Bethlehein

e Use Only: TE SUBM	IITTED: 2/27/19	HEARING DATE:_	3-27-19		
ACARD:_	yes	FEE: \$250,0	60		
	ASSIFICATION: $RS$	LOT SIZE: <u>75-</u> /	x soot irreg		
APPLICATION FOR APPEAL TO THE CITY OF BETHLEHEM ZONING HEARING BOARD					
	10 E. CHURCH STREET,	BETHLEHEM, PA I	18018		
(	Return one (1) original and seven (7) copies of this application and all supporting documentation to the Zoning Officer, along with the filing fee. Include site plans and/or floor plans as necessary.				
	The application is due by 4PM the $4^{th}$ Wednesday of the month. The hearing will be held the $4^{th}$ Wednesday of the next month.				
	If you are submitting MORE THAN 10 exhibits at the hearing, you MUST place them is an indexed binder and submit at one time.				
	al/Application to the City of Bety made by the undersigned for:	_			
	Appeal of the determination of the Zoning Officer				
	Appeal from an Enforcement Notice dated				
	Variance from the City of Bethlehem Zoning Ordinance				
	Special Exception permitted un	der the City Zoni	ng Ordinance		
	Other:				
SECTI	ON I				
APPLI	CANT:				
Name	Donald Vegelin				
Addres	Donald Vegelin 1915 Cloverdale	Rd			
Phone:					
Email:	614 2112 614				

OWNER (if different from Applicant): Note. If Applicant is NOT the owner, attach written				
authorization from the owner of the property when this application is filed.				
Name				
Address				
Phone:				
Email:				
ATTORNEY (if applicable):				
Name				
Address				
Phone:				
Email:				

## SECTION 2. INFORMATION REGARDING THE REAL ESTATE

- 1. Attach a site plan, <u>drawn to scale</u>, of the real estate. Include existing and proposed natural and man-made features.
- 2. Attach photographs.
- 3. If the real estate is presently under Agreement of Sale, attach a copy of the Agreement.
- 4. If the real estate is presently leased, attached a copy of the present lease.
- 5. If this real estate has been the object of a prior zoning hearing, attach a copy of the Decision.

## SECTION 3.

## THE RELIEF SOUGHT:

If the Applicant seeks a dimensional variance for any setback, lot coverage, distance between certain uses, etc., please state the following:

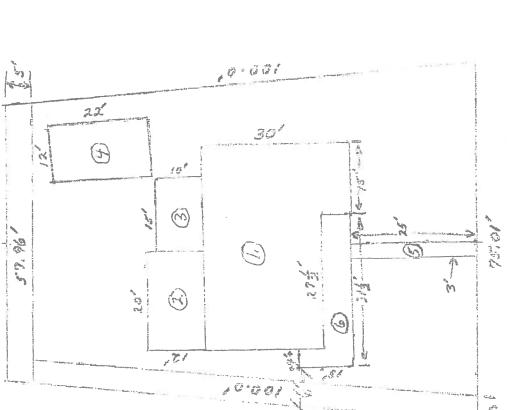
Section of Code	Dimension Required by Code	Dimension Proposed by Applicant	Variance Sought
1306.06	sideyand-81	6'	2'
1306,01,9	Max. Coverage - 25%	30,23%	5.23%

If the Applicant seeks a use or other variance, please st Ordinance applicable and describe the variance sought	tate the specific section(s) of the Zoning.
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If the Applicant seeks a Special Exception, please state applicable:	the specific section (s) of Zoning Ordinance
If the Applicant seeks an appeal from an interpretation in accordance with Sec. 1325.11 (v):	of the Zoning Officer, state the remedy sought
NARRATIVE	
CERTIFICATION  I hereby certify that the information contained in a and correct to the best of my knowledge and belie I also certify that I understand that any and all federand approvals shall be obtained if the appeal is graden.	and attached to this application is true f. eral, state or local rules and regulations, licenses
Applicant's Signature	Date
Property owner's Signature	Date
Received by	Dute

NOTICE: If the Decision of the Zoning Hearing Board is appealed, the appellant is responsible for the cost of the transcript.

2,7 65 011/

240 Sg. FT.



1915 Closes said Fal



