



**Bureau of Planning and Zoning**  
435 Hamilton Street  
Allentown PA 18101-1699  
610.437.7630 Fax 610.437.8781

**ZONING HEARING BOARD APPEAL CHECKLIST**

A complete Zoning Hearing Board Appeal **must** have the following information. Please return this checklist with your completed appeal form and check made payable to the City of Allentown.

**3 SIGNED APPEAL FORMS TO INCLUDE THE FOLLOWING:**

- \_\_\_\_\_ APPLICATION NUMBER - Received from Zoning Office upon submission of **COMPLETED** appeal.
- \_\_\_\_\_ ZONING DISTRICT
- \_\_\_\_\_ LOT SIZE
- \_\_\_\_\_ NAME, ADDRESS AND DAYTIME PHONE NUMBER OF **APPLICANT**
- \_\_\_\_\_ NAME, ADDRESS AND DAYTIME PHONE NUMBER OF **OWNER**
- \_\_\_\_\_ REASON FOR REQUEST - Including, but not limited to location, size, and lighting of ALL signs, hours of operation, and any other information relevant to the request.
- \_\_\_\_\_ SIGNATURE OF APPLICANT and/or OWNER

**PLANS**

- \_\_\_\_\_ SITE PLAN - Must show all dimensions of property, **including existing and/or proposed parking**. If no on-site parking exists or is proposed, please note.
- \_\_\_\_\_ FLOOR PLAN - Must show **all dimensions** and uses of each room in interior of building, including hallways, basement height, and stairways.

**STANDING OF PARTIES INVOLVED** (please attach copy)

- \_\_\_\_\_ Lease agreement
- \_\_\_\_\_ Proof of ownership

**PAYMENT**

- \_\_\_\_\_ Check for \$500 (or \$150 for appeals related to premises used as owner-occupied single family dwelling), payable to the City of Allentown.

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**OFFICE USE ONLY**

- \_\_\_\_\_ COMPLETED FILE
- \_\_\_\_\_ CHECK RECEIVED
- \_\_\_\_\_ ZONING OFFICER INITIALS
- \_\_\_\_\_ ALL PREVIOUS ZONING HEARING BOARD FILES PULLED
- \_\_\_\_\_ 3 COLORED MAPS COMPLETED (SHOWING DIMENSIONS)
- \_\_\_\_\_ LABELS COMPLETED