



Borough of Verona
736 East Railroad Avenue
Verona, PA 15147
412-828-8080

BOROUGH OF VERONA ZONING PERMIT APPLICATION ZONING HEARING APPLICATION

Address of property for Variance: _____

Lot & Block # (if no address): _____

Owner _____ Contact Phone Number: _____

Mailing Address: _____

Email: _____

Applicant: _____ Contact Phone Number: _____

Applicant Address: _____

Email: _____

I/We hereby request relief from the Zoning Ordinance of Verona Borough and request the Zoning Hearing Board to allow the following construction or relief from the Zoning Ordinance.

I/We request the Zoning Hearing Board to review the determination of the Zoning Officer.

Contact the Zoning Office for a complete list of matters under the jurisdiction of the Zoning Hearing Board.

FEE FOR HEARING MUST BE PREPAID: \$350.00

(See current fee schedule)

VERIFICATION: I, _____, hereby verify that the information contained in this application is true and correct to the best of my knowledge, information and belief. This verification is made subject to the penalties of 18 PA C.S. 4904, relating to unsworn falsification to authorities.

Applicants Signature _____ Date: _____

Print Name : _____



PROPERTY DRAWING

Please provide a sketch in the box below depicting the following information. All information must be displayed, or the Zoning Permit Application may be deemed incomplete and may be denied.

1. Rough sketch of your property boundary lines.
2. Depict all existing and proposed buildings.
3. Distance (in feet) from the proposed structure to all property lines (front, rear, and both sides).
4. Distance (in feet) from the proposed structure to the primary facility.
5. Distance (in feet) from the proposed structure to any other accessory structures.

Note: The measurements listed above are to be measured at the shortest distance between your proposed structure and other structures or lot lines.

