

BOROUGH OF HELLERTOWN

685 Main St., Hellertown PA 18055

Phone: 610-838-7041 Fax: 610-838-0500

ZONING MAP AMENDMENT CHECKLIST

Zoning Map Amendment Checklist

- Executed Application.
- Names and addresses of adjoining property owners, including properties directly across a public right-of-way.
- A site plan prepared by a registered engineer, surveyor or architect, drawn to scale.
- A written description of the proposed use in sufficient detail to demonstrate compliance with all applicable provisions of Chapter 450.
- Payment of applicable fees.

General Criteria

- The proposed change shall be consistent with the purposes and intent of Chapter 450.
- The proposed use shall not detract from the use and enjoyment of adjoining nearby properties.
- The proposed use will not affect a change in the character of the subject property's neighborhood.
- Adequate public facilities are available to serve the proposed use (public roads, schools, fire, police, ambulance, sewer, water; vehicular access, etc.)
- For development within a floodplain, the application complies with the requirements of the Borough's Floodplain Ordinance.
- The proposed use shall comply with all applicable regulations of Chapter 450
- The proposed use will not substantially impair the integrity of the Borough's Comprehensive Plan.
- Review and comment from Lehigh Valley Planning Commission must be received prior to final approval.

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www.hellertownborough.org

APPLICATION FOR ZONING MAP AMENDMENT

PLEASE PRINT LEGIBLY AND FILL OUT FORM COMPLETELY

A SITE PLAN OF THE PROPERTY MUST BE SUBMITTED WITH THIS APPLICATION

Date of Application:

Approval

Statement of Intent/Use:

Review

Site Location:

Address: City: State: Zip:

Owner: Map/Lot No.:

Address: City: State: Zip:

Applicant: Phone:

Address: City: State: Zip:

Attorney, Engineer or Surveyor: Phone:

Address: City: State: Zip:

Existing Zoning:

Proposed Zoning

Escrow Application Completed:

Site Plan Included with this Application:

I certify that the above information is true and complete to the best of my abilities.

Signature of Owner: Date:

Signature of Applicant: Date:

For Official Use

Application Fee: \$50.00

Date:

Cash

Received by:

Check #

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APPLICATION TO OPEN ESCROW ACCOUNT

Applicant/Developer Information

First Name:

Last Name:

Date:

Address:

City:

State:

Zip:

Phone #:

E-mail:

To be placed in the Plans & Appeals Account for:

Type of Account

Escrow Amount

Zoning Amendment

in the amount of

\$1,500

Property Location:

Address:

City: Borough of Hellertown State: PA Zip: 18055

Map Block Lot:

Professional Services Escrow Account Disclosure

A Professional Escrow Account shall be required to be deposited with the Borough at the time of the initial plan application. The applicant and or developer shall establish a Professional Escrow Account to reimburse the Borough of Hellertown for all the reasonable and necessary expenses incurred for review of applications, plans and reports and the inspection of the improvements by the Borough of Hellertown's professional consultants, solicitors and/or engineer. Such expenses shall be reasonable and in accordance with the ordinary and customary fees charged by the Borough of Hellertown's Solicitor, Engineer and any other consultant for work performed for similar services in the Borough of Hellertown. However, in no event shall the fees exceed the rate or cost charged by the Borough of Hellertown Solicitor, Engineer or other consultant when such fees are now reimbursed or otherwise imposed on the applicant. Borough incurred professional fees shall be billed as approved by Borough Council and Borough administrative expenses shall be reimbursed at 10% per billing. After project completion, the applicant shall request the return of the remaining Professional Services Escrow in writing. The remaining amount will be returned with copies of all invoices that have been paid after all the Borough of Hellertown's professional consultants; solicitor and engineer have indicated that they have completed all necessary invoicing.

I certify that the above information is true and complete to the best of my abilities and that I understand the Professional Services Escrow Account Disclosure.

Signature of Applicant/Developer:

Date:

For Official Use Only

Amount: \$1,500

Date:

Cash

Received by:

Check #