

## 600 Church Lane Yeadon, PA 19050 610-284-1606 (office) 610-284-2138 (fax) www.yeadonborough.com

## YEADON BOROUGH ZONING HEARING BOARD MEMBER APPLICATION

The Zoning Hearing Board is appointed by the Yeadon Borough Council. The Board's primary purpose is to render decisions regarding:

- Appeal from decision of the Code Officer
- Appeal from Zoning Enforcement Notice
- A Request for Variance
- A Request for Special Exception
- A Unified Appeal

Contact Information			
Name			
Street Address			
Home Phone			
Cell Phone			
Work Phone			
Are you 18 years of age or older? YES		NO (circle o	ne)

## **QUALIFICATIONS**

- 1. Resident of the Borough of Yeadon, 18 years of age or older
- 2. Civic minded with a general understanding of basic zoning concepts
- 3. Able to attend training sessions offered by the Pennsylvania Association of Boroughs
- 4. Able to understand and comprehend technical problems
- 5. Able to assemble information from written and oral testimony
- 6. Able to deliberate in an orderly fashion in order to make recommendations
- 7. Able to make decisions that are not based on personal opinion but comply with the Borough's Comprehensive Plan, ordinances and adopted plans
- 8. Not easily intimated and/or swayed by opinions
- 9. Must hold no other office which constitutes a conflict of interest with the appointment as a Zoning Hearing Board Member

		ase indicate your qualifications and skills that make you eligible to	
serve as a Y	'eadon Borough Z	oning Hearing Board member. Please attach a resume	
Present Oco	cupation:		
Special Qua	alifications:		
Committees or Boards previously served on/currently serving on:			
I have reviewed the following information relative to Pennsylvania's Zoning Hearing Boards.			
Please place	e a check mark to	note the documents reviewed.	
	The Planning Co	mmission in Pennsylvania	
	The Planning Co	mmission in Pennsylvania (pa.gov)	
	The Zoning Hearing Board, Planning Series #6		
	The Zoning Hearing Board Planning Series # 6 (pa.gov)		
		s Planning Code Quick Guide	
	http://home.ptd	.net/~kurtiz96/PDFJTPA/MPC_quick_guide.pdf	

## Applicant Signature:

Name: \_\_\_\_\_\_

Date: \_\_\_\_\_