



SITE ADDRESS: 1235 Pembroke Rd.

Office Use Only:

DATE SUBMITTED: 3.25.24

HEARING DATE: 4.24.24

PLACARD: \_\_\_\_\_

FEE: \$500.00

ZONING CLASSIFICATION: RT

LOT SIZE: \_\_\_\_\_

**APPLICATION FOR APPEAL TO THE CITY OF BETHLEHEM ZONING HEARING BOARD,  
10 EAST CHURCH STREET, BETHLEHEM, PA 18018**

1. Return one (1) original and eight (8) <sup>4</sup> 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.
2. The application is due by 4PM on the 4<sup>th</sup> Wednesday of the month. The hearing will be held on the 4<sup>th</sup> Wednesday of the next month.
3. If you are submitting MORE THAN 10 exhibits at the hearing, you MUST place them in an indexed binder and submit at one time.

Appeal/Application to the City of Bethlehem Zoning Hearing Board is hereby made by the undersigned for: (check applicable item(s):

- 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 under the City Zoning Ordinance
- Other: \_\_\_\_\_

**SECTION 1**

|                   |                      |
|-------------------|----------------------|
| <b>APPLICANT:</b> |                      |
| Name              | <u>Ahmad W AKBAR</u> |
| Address           | _____                |
|                   |                      |
| Phone:            | _____                |
| Email:            | _____                |

|  |               |
|--|---------------|
| <b>OWNER</b> (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   | Thanh D Hoang |
| Address  | [REDACTED]    |
| Phone:   | [REDACTED]    |
| Email:   | [REDACTED]    |
| <b>ATTORNEY</b> (if applicable):   |               |
| Name   |               |
| Address  |               |
| Phone:   |               |
| Email:   |               |

**SECTION 2. INFORMATION REGARDING THE REAL ESTATE**

1. Attach a site plan, drawn to scale, of the real estate. Include existing and proposed natural and man-made features.
2. Attach architectural plans and elevations depicting proposed alterations or new construction.
3. Attach photographs.
4. If the real estate is presently under Agreement of Sale, attach a copy of the Agreement.
5. If the real estate is presently leased, attached a copy of the present lease.
6. 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 |
|-----------------|----------------------------|---------------------------------|-----------------|
| _____           | _____                      | _____                           | _____           |
| _____           | _____                      | _____                           | _____           |
| _____           | _____                      | _____                           | _____           |

If the Applicant seeks a use or other variance, please state the **specific section(s)** of the Zoning Ordinance applicable and describe the variance sought.

N/A

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If the Applicant seeks a Special Exception, please state the **specific section (s)** of Zoning Ordinance applicable:

1323 OF CHANGE OF USE FROM ONE NON-CONFORMING USE (PERSONAL SERVICE - BARBER SHOP) TO ANOTHER NON-CONFORMING USE (RETAIL - INCLUDING SMOKE SHOP) FOR OFF PREMISE CONSUMPTION.

If the Applicant seeks an appeal from an interpretation of the Zoning Officer, state the remedy sought in accordance with Sec. 1325.11 (b):

N/A

\_\_\_\_\_  
\_\_\_\_\_

**NARRATIVE**

A brief statement reflecting why zoning relief is sought and should be granted must be submitted.

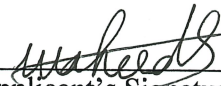
ALSO INCLUDE PROPOSED DUES & HOURS OF OPERATION & NOTE THAT ALL FIVE SPACES ARE DEDICATED TO

**CERTIFICATION**

I hereby certify that the information contained in and attached to this application is true and correct to the best of my knowledge and belief. THE COMMERCIAL USE.

I also certify that I understand that any and all federal, state or local rules and regulations, licenses and approvals shall be obtained if the appeal is granted.

→ & NOTE THAT SPACE IS CURRENTLY

  
Applicant's Signature

\_\_\_\_\_  
Date

  
Property owner's Signature

3/1/24  
Date

\_\_\_\_\_  
Received by

\_\_\_\_\_  
Date

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

Date: March 10, 2024

## **Narrative**

**A brief statement reflecting why zoning relief is sought and should be granted must be submitted.**

The proposed business, a smoke shop, will be a continuation of a non-conforming use. There is no smoke shop within 1 mile of the proposed location and members of the neighborhood have expressed support for the ease of a local smoke shop.

- Hours: 10 am - 8 PM (M-Sat), closed on Sunday
- 5 dedicated parking spaces
- Employment - 1 - 2 employees