



ZHB Application Number _____

SITE ADDRESS: _____

Office Use Only:

DATE SUBMITTED: _____

HEARING DATE: _____

PLACARD: _____

FEE: _____

ZONING CLASSIFICATION: _____

LOT SIZE: _____

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

1. Return nine (9) total copies of this application and all supporting documentation and exhibits to the Zoning Officer, along with the filing fee. Include site plans and/or floor plans as necessary.
2. *THE APPLICATION IS DUE BY 4 PM THE LAST WEDNESDAY OF THE MONTH FOR THE NEXT MONTH'S ZONING HEARING BOARD MEETING. MEETINGS ARE GENERALLY THE FOURTH WEDNESDAY OF THE MONTH. ONLY COMPLETE SUBMISSIONS WILL BE ADDED TO THE AGENDA FOR HEARING.*

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

APPLICANT:	
Name	Elizabeth Alonzo Peguero
Address	[REDACTED]
Phone	[REDACTED]
Email	[REDACTED]

OWNER (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	Alberto Clases
Address	[REDACTED]
Phone:	[REDACTED]
Email:	[REDACTED]
ATTORNEY (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 photographs.
3. If the real estate is presently under Agreement of Sale, attach a copy of the Agreement.
4. If the real estate is presently leased, attached a copy of the present lease.
5. 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.

If the Applicant seeks a Special Exception, please state the **specific section (s)** of Zoning Ordinance applicable: 1322.03 (r) Family Day Care

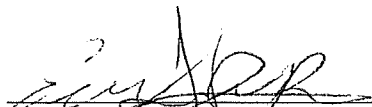
If the Applicant seeks an appeal from an interpretation of the Zoning Officer, state the remedy sought in accordance with Sec. 1325.11 (b):

NARRATIVE

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

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.


Applicant's Signature

8/17/2025
Date


Property owner's Signature

8/17/2025
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.