

ZHB Application Number 2026-17



SITE ADDRESS: 520 H H AVENUE BETHLEHEM PA 18018

Office Use Only:

DATE SUBMITTED: _____

HEARING DATE: 6/24/2026

PLACARD: _____

FEE: _____

ZONING CLASSIFICATION: RT

LOT SIZE: _____

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

1. Return ten (10) 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. Complete applications submitted to the Zoning Hearing Board will be scheduled for a hearing no sooner than 21 days and no later than 60 days from the date of receipt, unless an extension of time is agreed upon in writing by the applicant. **ONLY COMPLETE SUBMISSIONS WILL BE ADDED TO THE AGENDA FOR HEARING.**
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

APPLICANT:	
Name	<u>martha m Santos maga</u>
Address	[REDACTED]
Phone:	[REDACTED]
Email:	[REDACTED]

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: _____

Day care in Twin Dwelling
1322.03(r)

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.

x [Signature] SLB
Applicant's Signature

5/7/26
Date

x [Signature] MSe
Property owner's Signature

5/7/26
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.

