

**APPLICATION FOR HEARING
BEFORE
THE PENN FOREST TOWNSHIP
ZONING HEARING BOARD**

PLEASE COMPLETE THE ATTACHED APPLICATION AND SUBMIT SIX (6) COPIES OF THE APPLICATION AND SITE PLAN TO THE ZONING OFFICER OF PENN FOREST TOWNSHIP.

THE APPLICATION FEE MUST BE PAID WHEN APPLICATION IS SUBMITTED.

THIS SECTION TO BE COMPLETED BY THE ZONING OFFICER

DATE OF APPLICATION:

APPLICANT:

PROJECT COST:

DATE OF HEARING:

HEARING NO:

HEARING FEE:

PART I .GENERAL INFORMATION

1)APPLICANTS FULL NAME, ADDRESS AND PHONE NUMBER:

2)FULL NAME, ADDRESS AND PHONE NUMBER OF THE OWNER(S) OF THE PROPERTY THAT IS THE SUBJECT OF THE APPEAL:

3)THE DATE OF ACQUISITION OF THE SUBJECT PROPERTY BY THE OWNER:

4)WHIAT IS TUE EXACT LOCATION OF THE PROPERTY IN QUESTION
(i.e., abuts or is adjacent to what roads, landmarks or other property)?

5) WHIAT ZONING DISTRICT IS THE SUBJECT PROPERTY LOCATED IN?

6) WI IAT ARE TI IE EXACT DIMENSIONS OF THE PROPERTY
(i.e.. the length of front, side and rear boundary lines of the subject property)?

7) WHAT IS THE SQUARE FOOTAGE OR ACREAGE OF THE PROPERTY?

8) WHAT ARE THE DIMENSIONS (height, width & depth), TYPE OF CONSTRUCTION (materials used), AND FRONT, SIDE AND REAR YARD SETBACKS OF THE BUILDINGS, STRUCTURES OR OTHER IMPROVEMENTS (including signs) EXISTING AND PROPOSED FOR THE SUBJECT PROPERTY?

9) WHAT IS THE SPECIFIC NATURE OF THE PRESENT USE OF THE SUBJECT PROPERTY?

10) WHAT IS THE SPECIFIC NATURE OF THE PROPOSED USE OF THE SUBJECT PROPERTY?

11) WHAT TYPE OF SEWAGE AND WATER FACILITIES ARE AVAILABLE TO SERVICE THE SUBJECT PROPERTY?

12) ACCORDING TO THE LATEST ASSESSMENT ROLLS FOUND IN THE CARBON COUNTY TAX ASSESSMENT OFFICE, LIST THE FULL NAMES, ADDRESSES AND PHONE NUMBERS OF THE EIGHT (8) PROPERTIES ABUTTING THE SUBJECT PROPERTY, INCLUDING PROPERTIES DIRECTLY ACROSS STATE HIGHWAYS, TOWNSHIP AND PRIVATE ROADS:

NAME: _____

ADDRESS: _____

PHONE: _____

NAME: _____

ADDRESS: _____

PHONE: _____

NAME: _____

ADDRESS: _____

PHONE: _____

NAME: _____

ADDRESS: _____

PHONE: _____

NAME: _____

ADDRESS: _____

PHONE: _____

NAME: _____

ADDRESS: _____

PHONE: _____

NAME: _____

ADDRESS: _____

PHONE: _____

NAME: _____

ADDRESS: _____

PHONE: _____

PART II- SPECIFIC NATURE OF THE HEARING REQUESTED

1) THE ZONING HEARING BOARD HAS JURISDICTION OF THIS MATTER IN ACCORDANCE WITH SECTION (s) 10.304 (a), (c), (d), (e), (f), **(g)**, (h) and/or (i).

(Please circle the appropriate letter(s) of the Zoning Ordinance)

2) IF YOU CIRCLE LETTER (a) IN QUESTION NUMBER 1, PLEASE CITE THE SECTION(S) OF THE ZONING/FLOODPLAIN ORDINANCE WHICH YOU ARE CHALLENGING AND THE REASON THEREFORE:

3) IF YOU CIRCLED LETTER (c), (d), (g), (h) and/or (i) IN QUESTION NUMBER 1, PLEASE INDICATE WHO MADE THE DETERMINATION YOU ARE APPEALING FROM, THE DATE SUCH DETERMINATION WAS MADE, AND CITE ANY AND ALL SECTIONS OF THE ZONING/FLOODPLAIN ORDINANCE WHICH ARE RELEVANT TO THE DETERMINATION OF THIS APPEAL. ADDITIONALLY, YOU MUST ATTACH TO THIS APPLICATION ANY AND ALL PREVIOUS WRITTEN APPLICATIONS AND/OR DETERMINATIONS RELEVANT TO THIS APPEAL.

4) IF YOU CIRCLED LETTER (e) IN QUESTION NUMBER 1, PLEASE INDICATE WHICH SECTIONS OF THE ZONING/FLOODPLAIN ORDINANCE YOU ARE REQUESTING A VARIANCE FROM. ADDITIONALLY, YOU MUST ATTACH TO THIS APPLICATION YOUR WRITTEN APPLICATION TO THE ZONING OFFICER AND THE ZONING OFFICER'S WRITTEN DENIAL OF YOUR APPLICATION.

VERIFICATION

1, HEREBY VERIFY THAT THE STATEMENTS MADE IN THE FOREGOING APPLICATION, ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF. I UNDERSTAND THAT FALSE STATEMENTS ARE MADE SUBJECT TO THE PENALTIES OF 18 Pa. C.S. SECTION 4904 RELATION TO UNSWORN FALSIFICATIONS TO AUTHORITIES.

Signature of Applicant

Date

