

APPLICATION FOR A PUBLIC HEARING

APPLICATION IS HEREBY MADE FOR ACTION AT PUBLIC HEARING IN CONFORMITY WITH REQUIREMENTS OF THE ZONING ORDINANCE # 97 OF COOLBAUGH TOWNSHIP AND ANY AND ALL AMENDMENTS THERETO.

ACTION REQUESTED: ___ VARIANCE ___ SPECIAL EXCEPTION ___ INTERPRETATION ___ CHALLENGE
___ CHANGE IN ZONING DISTRICT ___ CURATIVE AMENDMENT ___ CONDITIONAL USE
___ APPEAL OF THE ZONING OFFICERS DECISION OTHER ACTION _____

NAME OF APPLICANT _____ TELEPHONE _____

ADDRESS _____
_____ ZIP _____

INTEREST OF APPLICANT _____

LOCATION OF SUBJECT PROPERTY _____

ZONING DISTRICT OF PROPERTY _____ TAX # _____ MAP # _____ EXISTING USE _____

DETAILS OF ACTION _____

REASON FOR SEEKING ACTION _____

THE APPLICANT HEREBY AGREES THAT ALL MATERIAL SUBMITTED WITH THIS APPLICATION SHALL BE MADE A PART THEREOF AND DOES BECOME AN INTEGRAL PART OF THE RECORDS OF COOLBAUGH TOWNSHIP AND SHALL NOT BE RETURNED TO SAID APPLICANT AND ALSO CERTIFIES AND STATES THAT TO THE BEST OF HIS KNOWLEDGE AND BELIEF ALL DATA, STATEMENTS AND INFORMATION SUBMITTED ON OR WITH THIS APPLICATION ARE TRUE AND CORRECT.

(SIGNATURE OF APPLICANT)

CERTIFICATION OF OWNERSHIP AND ACKNOWLEDGEMENT OF APPLICATION

Commonwealth of Pennsylvania
County of Monroe SS

On this, the _____ day of _____, 20 _____, before me, the undersigned officer, personally appeared _____, who being duly sworn according to law, disposes and says that _____ are the owners of the property described in this application and that the said application was made with _____ full knowledge and or direction and does hereby agree with the said application and the submission of the same as provided by law.

(Property Owner)

(Property Owner)

My commission Expires _____, 20 _____

(Notary Public or Officer)

*****BELOW THIS LINE FOR TOWNSHIP USE ONLY*****

APPLICATION RECEIPT DATE _____, FEES \$ _____, DATE FEES RECEIVED _____
Publication Dates _____ and _____ Applicant Notification Date _____
Township Planning Commission Date _____ Action Recommendation _____
County Planning Commission Date _____ Action Recommendation _____
Hearing Date _____ Time _____ Order of the Board _____

(Coolbaugh Township Zoning Officer)

INTERNET