

COMPLETE IN FULL
Additional Pages as Needed

ZONING HEARING BOARD REQUEST
Please Print Only-Use Black Ink Pen

ZONING PERMIT NUMBER

1. Applicant Name _____ Phone Number () - -
(First) (Last)

Address _____
(Street) (City)

(State) (Zip Code)

Applicant acknowledges all information is correct and accurate to the best of their knowledge. Applicant agrees not to initiate this proposed project until a municipally-issued permit is obtained

Date of Application _____ Applicant's Signature _____

2. Name of Township/Borough _____ Tax Parcel Number _____

Site Address _____
(Street) (City) (State) (Zip Code)-----

3. Zoning District _____

Existing Use (s) _____

Proposed Use (s) _____

Type of Activity (Description) _____

4. Specify the section(s) of the Zoning Ordinance that apply to your Hearing request in the space provided below:

