

BLOOMING GROVE TOWNSHIP

488 ROUTE 739, BLOOMING GROVE, PA 18428

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APPLICATION FOR

ZONING HEARING BOARD

Application Fee: \$1000 (Includes stenographic fee)

APPLICANT(S) NAME: _____

APPLICANT(S) ADDRESS: _____

ZIP CODE: _____

APPLICANT(S) TELEPHONE: () -

BRIEF DESCRIPTION AND LOCATION OF REAL ESTATE TO BE AFFECTED:

ATTACH A STATEMENT OF THE PRESENT ZONING CLASSIFICATION OF REAL ESTATE IN QUESTION, THE IMPROVEMENTS AND PRESENT USE.

AUTHORIZED REPRESENTATIVE: (EXPLAIN) _____

NAME OF PERSON YOU ARE REPRESENTING: _____

ATTACH STATEMENT OF THE SECTION OF THE ORDINANCE UNDER WHICH THE APPLICATION IS BEING REQUESTED, AND THE REASONS WHY IT SHOULD BE GRANTED.

ANY REASONABLY ACCURATE DESCRIPTION OF THE PRESENT IMPROVEMENTS AND THE ADDITIONS INTENDED TO BE MADE UNDER THIS APPLICATION. INDICATE THE SIZE OF SUCH PROPOSED IMPROVEMENTS, MATERIALS, AND GENERAL CONSTRUCTION THEREOF. IN ADDITION THERE SHALL BE ATTACHED A PLOT PLAN OF THE REAL ESTATE TO BE AFFECTED, AS REQUIRED TO ACCOMPANY APPLICATIONS FOR BUILDING PERMITS, INDICATING THE LOCATION AND SIZE OF THE LOT, AND THE SIZE OF IMPROVEMENTS NOW ERECTED, AND PROPOSED TO BE ERECTED THEREON.

PROVIDE ANY OTHER INFORMATION THE APPLICANT DEEMS APPROPRIATE.

SIGNATURE OF APPLICANT: _____

-OR-

DATE SIGNED: _____

SIGNATURE OF REPRESENTATIVE: _____

(OR OTHER & TITLE)

DATE SIGNED: _____