

Variance Application

**Curwensville Borough Zoning Hearing Board
900 Susquehanna Avenue
Curwensville, PA 16833**

Applicant Information

I (We) _____ of _____
(Name) (Mailing Address)

(Telephone) (Alternate Contact Number)

Hereby appeal to the Zoning Hearing Board of Curwensville Borough, of Curwensville, PA.

Requested change _____

Specific Location (Street Name and Property Number)

Applicant Comments - General Description of Project and use of property.

Signature of Applicant

Signature of Zoning/Code

Accept:

Denied
