

Clifton Township

361 State Route 435 Clifton Township PA 18424

Office: 570-842-4272 Email: Secretary@cliftontownship.com

APPLICATION FOR A PUBLIC HEARING BEFORE THE ZONING HEARING BOARD

Action Requested ☐ Variance ☐ Special Use/Exception ☐ Challenge
☐ Appeal ☐ Interpretation ☐ Curative Amendment

Name of Applicant: _____

Address: _____

Telephone: _____ Fax: _____

Email: _____

Location of Subject Property: _____

Zoning District of Property: _____ Tax ID #: _____ Existing Use: _____

DETAILS OF ACTION(S) SOUGHT: _____

REASON(S) FOR SEEKING ACTION: _____

Adjourning Address(es) to Subject Property (include separate paper if additional space is needed):

1) Property Owner: _____

Address: _____

2) Property Owner: _____

Address: _____

3) Property Owner: _____

Address: _____

4) Property Owner: _____

Address: _____

5) Property Owner: _____

Address: _____

6) Property Owner: _____

Address: _____

APPLICANT: _____

THE APPLICANT HEREBY AGREES THAT ALL MATERIAL SUBMITTED WITH THIS APPPLICATION SHALL BE MADE A PART THEREOF AND DOES BECOME AN INTERGRAL PART OF THE RECORDS OF CLIFTON TOWNSHIP AND SHALL NOT BE RETURNED TO SAID APPLICANT.

APPLICANT CERTIFIES AND STATES THAT TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF, ALL DATA, STATEMENTS, AND INFORMATION SUBMITTED ON OR WITH THIS APPLICATION ARE TRUE AND CORRECT.

APPLICANT FURTHER AGREES TO THE CLIFTON TOWNSHIP SCHEDULE OF FEES RELATED TO THIS APPLICATION, WHICH INCLUDES EXPENSES THAT APPLICANT WILL BE BILLED AND LEGALLY RESPONSIBLE TO PAY AFTER THE HEARING, REGARDLESS OF THE OUTCOME OF THE ACTION.

Signature of Applicant

Date

CERTIFICATION OF OWNERSHIP AND ACKNOWLEDGEMENT OF APPLICATION

Commonwealth of Pennsylvania, County of Lackawanna

On this _____ day of _____, 20_____, before me, the undersigned officer, personally appeared:

Who is 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 and to the submission of the same as provided by law.

Printed Name of Property Owner

Signature of Property Owner

Printed Name of Notarial Officer

Signature of Notarial Officer

My Commission Expires _____, 20_____

For Township Use Only

Application Receipt Date _____ Fee _____ Date Fee Received _____

Publication Dates _____ and _____ Application Notification Date _____

Notices _____ Order _____ Referred to Planning Commission _____

Planning Commission Action _____

Clifton Township Zoning Hearing Board Secretary