

# Clifton Township

361 State Route 435 Clifton Township PA 18424  
Office: 570-842-4272 Email: Secretary@clifontownship.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) OF SEEKING ACTION: \_\_\_\_\_

The information must be accompanied by the information and plot plan set forth in section 11.10(b)(6) of the zoning ordinances.

**THE APPLICANT HEREBY AGREES THAT ALL MATERIAL SUBMITTED WITH THIS APPLICATION 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 AND ALSO 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.**

\_\_\_\_\_  
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 \$1,000.00 Date Fee Received \_\_\_\_\_

Publication Dates \_\_\_\_\_ and \_\_\_\_\_ Application Notification Date \_\_\_\_\_

Notices \_\_\_\_\_ Order \_\_\_\_\_ Referred to Planning Commission \_\_\_\_\_

Planning Commission Action \_\_\_\_\_

\_\_\_\_\_  
Clifton Township Zoning Hearing Board Secretary