

CLIFTON TOWNSHIP
ZONING HEARING BOARD APPLICATION

1. Please Print

(First Name)

(Last Name)

2. Are you a full time Resident of Clifton Township?

A. YES

B. NO

3. Please enter your Mailing Address.

4. Email Address (if applicable) _____

5. Phone Number _____

6. Do you object to having a Criminal Back Ground check? (At the cost of the Township)

A. YES

B. NO

For purposes of a background check, please list your date of birth, social security number and any previous names used including maiden name.

DOB: _____ SSN: _____

Other names: _____

Signature of Applicant

(Date)

CLIFTON TOWNSHIP
361 State Route 435
Clifton Twp., PA 18424
(570) 842-4272