



POLK TOWNSHIP SUPERVISORS

165 Polk Township Rd., PO Box 137, Kresgeville, PA 18333
Phone: 610-681-5376 Fax: 610-681-3063 E-mail: info@polktwp.org

ZONING HEARING BOARD APPLICATION

Date of Hearing: _____

Applicant: _____

Address: _____

Home/Office Phone: _____ Cell: _____

Name of Landowner: _____

Note: If landowner is not applicant, authorization to act on the landowners behalf must be presented with the application.

Address: _____

Home/Office Phone: _____ Cell: _____

Type of Application: _____ Use by Special Exception _____ Appeal from Municipal Action
_____ Validity Challenge _____ Variance

Cite all applicable sections of Zoning Ordinance: _____

Describe property for which application is filed: _____

Zoning Classification: _____ Lot Size: _____

Present Use: _____ Proposed Use: _____

Approximate Cost of Proposed Work: _____

Existing Improvements on the Land: _____

Justification for Request: (Please include grounds for appeal, and if physical hardship is claimed as basis for variance, state specific hardship)

Has A Previous Application Been Filed With The Board For This Property? _____

Please provide the names & addresses of owners of property within 200 feet from the exterior limits of the property for which this application is filed as shown on the latest assessment rolls of the County of Monroe.

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

I _____, hereby depose and say that all of the above statements and statements contained in the papers submitted herewith are true to the best of my knowledge and belief.

Signature of Applicant: _____ Date: _____

Address: _____

THIS APPLICATION MUST BE ACCOMPANIED BY THE REQUIRED FEE AND THREE (3) COPIES OF A PLOT PLAN FOR THE PROPERTY

Received Date: _____

Received Amount: _____

Check #: _____ Cash: _____