Eldred Township

490 Kunkletown Rd. P.O. Box 600, Kunkletown Pa. 18058 Phone 610 381-4252 Fax 610 381-4257

Zoning Hearing Board Application

(FOR TOWNSHIP USE ONLY)

APPLICATION INFORMATION

Name:			
Address:			
Phone:	/cell	/fax	
Property Address:			
Property Tax Parcel No:			
Zoning District:		Lot Size:	
Floodplain Overlay District	Yes / No)	
Conservation Subdivision D Appalachian Trail Overlay Owner's Name & Address in	District _Yes/	No	
		ed in connection with the property if YES s Proposed Use:	
		the Zoning Ordinance or SALDO O	rdinance

REPRESENTATION BY COUNSEL:

Applicant will/will not be represented by legal counsel, (Circle one)

If legal counsel will be representing the a	pplicant, please provide the name, address
and telephone number of the counsel:	
Name:	
Firm:	
Address:	
Telephone:	_ Fax:

The Township is hereby requested to set a date and time for a hearing of this application as required by law.

Applicant Signature:	Date:	
Q		
Owner Signature:	Date:	

NOTE: If the applicant is not the owner, this application must be signed by BOTH the applicant and the owner, In the case of a partnership, it should be signed by a partner and when it is a corporation, it should be signed by an officer of the corporation.

PERMISSION FOR SITE VISIT

Applicant(s) and/or owner(s) hereby grant permission and authorize members of the Eldred Township Zoning Hearing Board to enter subject property to view the premises in .conjunction with the Zoning Appeal which is hereby filed.

Applicant Signature:	Date:
Owner Signature:	Date:

Required Attachments: A list of required documents can be found in the Eldred Township Zoning Ordinance Compilation of 2015. Section 1202.3(C). this document is accessible on our website:

http://www.eldredtwp.org/zoning---saldo.html