

Date _____
Submitted _____

FEE \$250.00
CK# _____

**PENN TOWNSHIP BOARD OF SUPERVISORS
228 CLIFFORD ROAD
SELINGROVE, PA 17870
(570)-374-4778 FAX (570)-374-4931**

APPLICATION FOR VARIANCE

To the Penn Township Zoning Hearing Board:

I, or we hereby apply for a variance from the Zoning Ordinance of Penn Township and represent as follows:

Applicant Name: _____

Mailing Address: _____

Phone: _____

Attorney (if applicable): _____

Location of property: _____

Owner of property (if different from applicant) _____

Tax Parcel No.: PN _____ Zoning District _____

The Sections and provisions of the Zoning Ordinance from which a variance is requested: _____

The Specific Variance which is being requested: _____

The necessity for the variance(s) requested: _____

Signature of Applicant(s) _____

NOTE: Please attach copies of any material which explains your intentions, what already exists, building or zoning permit application(s), or land development maps, etc.