

DATE SUBMITTED: _____

FEE: **\$750**

PAID CHECK #: _____

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

APPLICATION FOR VARIANCE

Submit to Penn Township Zoning Hearing Board:

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

Applicant(s) Name: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____

Attorney (if applicable): _____ Phone: _____

Location or Address of Property: _____

Owner of property (if different from applicant): _____

Tax Map and Parcel No: _____ Penn Township Zoning District _____

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

The Specific Variance which is being requested: _____

Explain 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/subdivision maps, etc.