

Date

Submitted _____

Fee: **\$300.**

Paid: _____

Rec'd by: _____

**APPLICATION FOR WAIVER FROM
PENN TOWNSHIP SUBDIVISION LAND DEVELOPMENT ORDINANCE**

Submit to:

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

I or we hereby apply for a waiver from the Penn Township Board of Supervisors, per Article VIII, Exemptions and Waivers, of the Penn Township Subdivision and Land Development Ordinance, and represent as follows:

Applicant Name: _____

Mailing Address: _____

Phone: _____

Attorney (if applicable): _____

Property Address or Location: _____

Owner of property (if different from applicant): _____

Tax Map and Parcel No: _____ Zoning District: _____

The Sections and Provisions of the Penn Township Subdivision and Land Development Ordinance 2024-01, amended 4/17/2024, by Ordinance 2024-01, of which this waiver is requested:

The specific waiver being requested:

The necessity for the waiver requested:

Submit copies of all material relevant to your request that shall include a sketch plan, per Article VIII and all other requirements detailed within.

Signature of Applicant(s) _____