

Application for Zoning APPEAL before the

Shickshinny Borough Zoning Hearing Board

1. Attach 5 copies of the application and all documentation relating to the request for VARIANCE. This form must be completed in its entirety.
2. Attach a copy of the plot plan (drawn to scale) of the property relating to the VARIANCE. The location and size of the existing lots and the proposed use or changes must be indicated with all measurements to scale. (1/8" per foot, Minimum).

THE PLOT PLAN SHALL INCLUDE THE FOLOWING:

- A. Property lines
 - B. Streets and Alleys
 - C. All structures
 - D. Lot length, width, total area, setbacks from adjoining lots, roads and structures, parking areas either on or off the property.
 - E. Size and placement of signage
3. Attach a listing of names and addresses of all property owners within 200 feet of the property For which the variance is being requested. This information can be obtained by contacting the Luzerne County Tax Assessment office at the Luzerne County Courthouse.
 4. Attach a check payable to SHICKSHINNY BOROUGH in the amount of \$250.00 (Fee used for public advertisement, filing and meeting expenses.)
 5. You will be notified of the hearing date and time within 30 days of receipt of the completed application. The hearing will be open to the public and the date and time will be published in the local newspaper prior to the hearing.

APPLICATION FOR
APPEAL

1. NAME, ADDRESS AND TELEPHONE NUMBER OF APPLICANT:

2. NAME, ADDRESS AND TELEPHONE NUMBER OF OWNER, IF THE APPLICANT IS NOT THE OWNER OF THE SUBJECT PROPERTY:

3. ZONING DISTRICT IN WHICH THE SUBJECT PROPERTY IS LOCATED:

4. DESCRIBE PRESENT USE OF THE LAND AND/OR STRUCTURE(S):

5. DESCRIBE IN DETAIL THE PROPOSED USE OF LAND AND/OR STRUCTURE(S):

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I hereby request a hearing before the Shickshinny Borough Zoning hearing board concerning the attached application for an APPEAL and certify that the facts set forth in the above application are true. I understand if this application is not complete in its entirety, that this application may be rejected by the Zoning Officer/Hearing Board as an incomplete application.

Date_____ Applicant(s)_____

Date_____ Applicant(s)_____

Date_____ Applicant(s)_____

Date_____ Applicant(s)_____

Date_____ Owner (if different from the applicant)_____