

**BOROUGH OF TOWANDA
CODE ENFORCEMENT OFFICE**

724 Main Street, PO Box 229
Towanda PA 18848
(570) 265-2696

APPLICATION TO THE ZONING HEARING BOARD

(Please print or type)

1. Application for: ☐ Variance
☐ Special Exception
☐ Interpretation
2. Name and Address of Applicant _____

3. Name and Address of Owner of Property _____

4. Description and Address of Property to be affected by proposed change _____

5. Zoning Classification of Property _____
6. Present Use of Property _____

7. Proposed Use of Property _____

8. Applicable Zoning Ordinance Section(s) _____
9. Reasons Application should be granted _____

10. Description of Improvements and/or use; General Construction thereof _____

11. Attach Plot Plan of Property, indicating size of lot and location and size of improvements thereon.
12. The undersigned do(es) hereby make Application to the Zoning Hearing Board as indicated and testify that the information contained herein is true and correct.

Signed: _____ Date: _____

\$ _____ Filing fee received, Date _____ by _____