

For Official Use Only
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APPLICATION TO THE ZONING HEARING BOARD

Jackson Township
Monroe County, Pennsylvania

1. Applicant(s) Name: _____ Phone: _____
Address: _____
2. Owner of Property: _____ Phone: _____
Address: _____
3. Representative for Applicant(s): _____ Phone: _____
Address: _____
4. Type of Request:
 Special Exception Variance Appeal from Decision of Zoning Officer Other
5. Provide a Brief Description of Request: _____

6. Location of Property: _____
Parcel No: _____ Zone: _____ Acreage: _____
7. Present Use: _____
8. Proposed Use: _____
Attach Plot Plan as Required (2 copies)
9. Section(s) of Zoning Ordinance under Consideration: _____
10. State the reasons why the applicant believes the request should be granted (if applying for a variance, please describe any unique circumstances creating the hardship): _____

Attach Additional Pages of Explanation if Necessary
Attach all Relevant Documents

Applicant's Signature Date Property Owner's Signature Date