

ZONING HEARING BOARD APPLICATION

Fee: \$1000.00 (Subsequent Hearings: \$300 Each)

OFFICE USE ONLY <i>PAYMENT INFO</i> AMOUNT: \$ _____ CHECK #: _____ DATE: _____ REC'D BY: _____	BOROUGH OF STROUDSBURG 700 SARAH STREET STROUDSBURG, PA 18360 Phone (570) 421-5444 Fax (570) 421-2690 www.StroudsburgBoro.com	<i>Date Stamp</i> <i>(if rec'd w/o payment)</i> # _____ of Plans Rec'd by: _____
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I. APPLICANT AND PROPERTY OWNER INFORMATION

Applicant's Name & Address:	
Phone #:	Mobile #:
Email:	
Property Owner's Name & Address:	
Phone #:	Mobile #:
Email:	

2. BUILDING / PROJECT INFORMATION

Address of Property relevant to this hearing:	
Monroe County Tax I.D.#: 1873 _____	
Zoning District in which the Property is located:	
Present use of property:	
Proposed use of property:	
ACTION REQUESTED: <input type="checkbox"/> Special Exception <input type="checkbox"/> Variance <input type="checkbox"/> Appeal of Zoning Officer's Decision <input type="checkbox"/> Validity Challenge (\$1,000.)	
REASON FOR HEARING: USE SEPARATE SHEET IF NECESSARY	
Signature of Applicant:	Date:
Signature of Property Owner:	Date:

NOTE: This application must be accompanied by a detailed site plan indicating the property boundaries and their relation to existing streets or roads, buildings, etc., and all necessary dimensions, including yards, as required by Section 1002.1 of the Zoning Ordinance. North shall be indicated by an arrow. All information submitted supporting this application shall become a part of the record and cannot be returned.