



## ZONING HEARING BOARD APPLICATION

TYPE OF HEARING REQUESTED: ☐ SPECIAL USE ☐ VARIANCE ☐ APPEAL ☐ INTERPRETATION

### APPLICANT INFORMATION:

APPLICANT'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street City State Zip County

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

### PROPERTY OWNER INFORMATION (if different from applicant):

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street City State Zip County

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

### PROPERTY INFORMATION:

EXISTING USE: \_\_\_\_\_

LOCATION: \_\_\_\_\_ TAX MAP #: \_\_\_\_\_ ZONING DISTRICT: \_\_\_\_\_  
Route Number, Road Name, Village, Etc.

### SECTION OF ORDINANCE:

LIST THE SECTIONS OF ZONING ORDINANCE UNDER WHICH YOU ARE REQUESTING (INTERPRETATION), (SPECIAL USE), (APPEAL), AND/OR (VARIANCE) OF: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### GROUND(S) FOR: (INTERPRETATION), (SPECIAL USE), (APPEAL), AND/OR (VARIANCE):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### APPLICANT'S ATTORNEY:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street City State Zip County

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

### BOROUGH USE ONLY

FEE: **\$500** CHECK NAME: \_\_\_\_\_ CHECK #: \_\_\_\_\_

FEE PAID: \$ \_\_\_\_\_ DATE RECEIVED: \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_

*Submit applications in-person, by mail, or fax to the Moosic Borough office.*

**P. (570) 457-5480 | F. (570) 457-0762 | 715 Main Street, Moosic, PA 18507 | [MoosicBorough.org](http://MoosicBorough.org)**