

BOARD OF APPEALS APPLICATION

CLARKS SUMMIT BOROUGH
LACKAWANNA COUNTY, PENNSYLVANIA

Type of hearing requested (circle one): Variance: Extension of Time: Appeal:

APPLICANT INFORMATION:

NAME: _____ SIGNATURE: _____

ADDRESS (STREET, PO BOX): _____ TELEPHONE: _____

CITY: _____ STATE: _____ ZIP: _____

PROPERTY OWNER INFORMATION (If DIFFERENT THAN APPLICANT):

NAME: _____ SIGNATURE: _____

ADDRESS (STREET, PO BOX): _____ TELEPHONE: _____

CITY: _____ STATE: _____ ZIP: _____

PROPERTY INFORMATION:

EXISTING USE: _____

LOCATION: _____ TAX MAP#: _____ Zoning District: _____

(ROUTE NUMBER, ROAD NAME, VILLAGE, ETC.)

SECTION OF ORDINANCE:

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

GROUNDS FOR: (VARIANCE), (EXTENSION OF TIME) AND/OR (APPEAL):

APPLICANTS ATTORNEY:

NAME: _____ ADDRESS (STREET, PO BOX): _____

CITY: _____ STATE: _____ ZIP: _____

BOROUGH USE ONLY REQUESTING:

FEE: \$-----

CHECK NAME: _____

CHECK NO. : _____

DATE RECEIVED: _____

FEE PAID: _____

RECEIVED BY: _____