



HEARING REQUEST APPLICATION

105 Government Center Way
Pocono Pines, PA 18350
Phone: 570-646-1212
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www.tobyhannatownship.pa.gov

TYPE OF REQUEST (PLEASE CIRCLE)

Variance Appeal Curative Amendment Conditional Use Zoning
Map Change Special Exception Road Dedication/Vacation Other: _____

PROPERTY OWNER INFORMATION

Property Owner: _____
Mailing Address: _____ City: _____
State: _____ Zip Code: _____ Phone: _____
Cell: _____ Email Address: _____

APPLICANT ATTORNEY/REPRESENTATIVE INFORMATION

Attorney/Representative: _____
Mailing Address: _____ City: _____
State: _____ Zip Code: _____ Phone: _____
Cell: _____ Email Address: _____

PROPERTY INFORMATION

Physical Address of Property: _____
Development: _____ Tax Map ID No.: _____
Zoning District: RR R1 R2 OS C CI PRD Preserve
Present Use of Property: _____
Proposed Use of Property: _____
Reason/grounds for seeking appeal, variance, or interpretation: _____

INCLUDED WITH THIS APPLICATION SHALL BE THE FOLLOWING:

1. Complete dimensional drawn-to-scale plot plan of the lot showing proposed work and/or existing structure and building setback lines.
2. A Professional Sealed survey of the property in question is not required but it is strongly recommended that one is presented as evidence. Plans shall include all necessary dimensions as well as an arrow indicating north.
3. Appeal, variance, or interpretation, attach a true copy of the order.
4. All other documents, pictures, dimensioned floor plans of the structure, elevation views showing heights of proposed structure, and any other items that are needed to support the hearing.
5. The parties shall have the right to be represented by counsel and shall be afforded the opportunity to respond and present evidence and argument and cross-examine witnesses on all relevant issues.

All information submitted supporting this application shall become part of the record and will not be returned.

By signing the application, I certify that all facts set forth within the application and all accompanying documentation are true and correct. This application is being made by me to induce official action on the part of Tobyhanna Township. I understand that any false statements made herein are subject to the penalties of 18Pa. C.S. 4904 relating to unsworn falsification to authorities.

Print Name: _____
Signature: _____ Date: _____

NOT WRITE BELOW THIS LINE—FOR TOWNSHIP USE ONLY

Date Application Received: _____ Cash/Check No.: _____ Amount Paid: \$ _____