



Township of Tobyhanna
 105 Government Center Way
 Pocono Pines, PA 18350
 (570) 646-1212

Township of Tobyhanna Hearing Request Application

Please check the appropriate hearing requested

Variance___ Appeal___ Special Exception___ Conditional Use___ Zoning Map Change___

Validity Challenge___ Curative Amendment___ Road Dedication/Vacation___ All Other Hearings___

- Please attach evidence supporting the hearing
- Appeal, variance or interpretation, attach a true copy of the order
- Plans shall include all necessary dimensions as well as arrow indicating north
- All other refer to Tobyhanna Township Ordinances which may be found at www.tobyhannatownship.org

Applicant(s) Name: _____

Mailing Address: _____

Telephone: _____ Cell: _____ Fax: _____

Email Address: _____

Applicant(s) Attorney/Representative: _____

Mailing Address: _____

Telephone: _____ Cell: _____ Fax: _____

Email Address: _____ Zoning District: _____

Property Location: _____

Property Tax No: _____ Development: _____

Present Use of Property: _____

Proposed Use of Property: _____

Reason/Grounds for seeking appeal, variance or interpretation: _____

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

By signing this Application, I certify that all facts set forth within this 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, and I understand that any false statements made herein are being made subject to the penalties of 18Pa C.S. 4904 relating to unsworn falsification to authorities.

PrintName _____ Date _____

Signature: _____

Date Received: _____

Amount Received: _____

Check No. or Receipt No: _____