

INSTRUCTIONS FOR FILLING OUT AND SUBMITTING YOUR APPLICATION

- 1. PLEASE SUBMIT 10 COPIES OF YOUR APPLICATION AND ALL OTHER DOCUMENTS YOU WILL BE ATTACHING.**

- 2. A CHECK FOR \$ 750.00 PAYABLE TO “COLERAIN TOWNSHIP” MUST BE SUBMITTED WITH YOUR APPLICATION**

- 3. ALL APPLICATIONS MUST BE SUBMITTED BY THE 10TH OF THE MONTH TO BE CONSIDERED FOR THE FOLLOWING MONTH.**

- 4. YOU MAY MAIL YOUR APPLICATION OR DROP OFF AT THE TOWNSHIP BUILDING. OUR ADDRESS IS:**

1803 KIRKWOOD PIKE

KIRKWOOD, PA 17536

OFFICE HOURS ARE M-TH 8-4 FRIDAYS WE ARE CLOSED

COLERAIN TOWNSHIP ZONING HEARING BOARD APPLICATION

DATE OF APPLICATION: _____ **20** _____

1. Applicant's Name: _____

Applicant's Mailing Address: _____

Applicant's Phone: _____ **Email:** _____

2. Street Address of the Property in question: _____

If no Street number what is the parcel number: 100 _____

3. Name of Landowner if not the applicant: _____

Address of the Landowner if not the applicant: _____

4. What is the reason for this application, please check the box(es) that apply.

Variance **Special Exception** **Other** _____

5. What is the applicable Section(s) of the Zoning Ordinance: _____

6. What Zoning District is the property in question in: _____

7. What addition to or improvements in the property do you intend to make under this application, if any?

8. Please list any other items, appeals, grounds for challenge, etc. on an attached sheet

Applicant Signature _____