



## COOLBAUGH TOWNSHIP MUNICIPAL CENTER

5520 Municipal Drive , Tobyhanna, PA 18466  
(570) 894-8490 • FAX (570) 894-8413

### ZONING HEARING BOARD INSTRUCTIONS FOR A PUBLIC HEARING

Please fill out the application completely and have the owner's signature notarized (embossed seal or stamp required). The following **must** accompany your application:

1. \$1000 fee for a Special Exception or Variance.
2. \$600 fee for a Public Hearing before the Zoning Hearing Board as defined in Chapter 27, Zoning, Part 12 Administration, Section 1206.
3. Surveyor's certified plot plan (embossed seal or stamp required) showing all existing and proposed improvements (including decks, shed, etc.) and proper yard setbacks.
4. If the property owner cannot attend the Hearing, a representative may be designated. Such designation must be confirmed by written authorization from the owner with notarized signature(s).
5. The Zoning Hearing Board meets, as needed, at 6:30 pm on the fourth Wednesday or Thursday of each month at the Coolbaugh Township Municipal Office, 5520 Municipal Drive, Tobyhanna, PA 18466.
6. Completed application, fee and other required documents must be received with the public hearing application in order to be included on the agenda.

If you have any questions or need assistance, please feel free to contact the Zoning Office Monday through Friday from 8:00 am to 4:30 pm, except holidays.

**COOLBAUGH TOWNSHIP PUBLIC HEARING APPLICATION**

5520 MUNICIPAL DRIVE, TOBYHANNA, PA 18466 PH: 570.894.8490 FAX: 570.894.8413

APPLICATION IS HEREBY MADE FOR ACTION AT PUBLIC HEARING IN CONFORMITY WITH REQUIREMENTS OF THE ZONING ORDINANCE #97 OF COOLBAUGH TWP. AND ANY AND ALL AMENDMENTS THERETO.

ACTION REQUESTED: \_\_\_\_\_ VARIANCE \_\_\_\_\_ SPECIAL EXCEPTION \_\_\_\_\_ INTERPRETATION  
\_\_\_\_\_ CHANGE IN ZONING DIST \_\_\_\_\_ CURATIVE AMENDMENT \_\_\_\_\_ CONDITIONAL USE  
\_\_\_\_\_ APPEAL OF THE ZONING OFFICER'S DECISION \_\_\_\_\_ OTHER ACTION

DATE \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

INTEREST OF APPLICANT \_\_\_\_\_

LOCATION OF SUBJECT PROPERTY \_\_\_\_\_

ZONING DISTRICT OF PROPERTY \_\_\_\_\_ TAX # \_\_\_\_\_ MAP # \_\_\_\_\_

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

DETAILS OF ACTION \_\_\_\_\_

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

REASON FOR SEEKING ACTION \_\_\_\_\_

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

The applicant hereby agrees that all material submitted with this application shall be made a part thereof and does become an integral part of the records of Coolbaugh Township and shall not be returned to said applicant and also certifies and states that to the best of his knowledge and belief all data, statements and information submitted on or with this application are true and correct.

SIGNATURE OF APPLICANT \_\_\_\_\_

**CERTIFICATION OF OWNERSHIP AND ACKNOWLEDGEMENT OF APPLICATION:**

Commonwealth of Pennsylvania, County of Monroe

On this, the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned officer, personally appeared

\_\_\_\_\_, who being duly sworn according to law, disposes and says that

\_\_\_\_\_ are the owners of the property described in this application and that the said

application was made with \_\_\_\_\_'s full knowledge and/or direction and does hereby agree with the said application and the submission of the same as provided by law.

\_\_\_\_\_  
SIGNATURE OF PROPERTY OWNER

\_\_\_\_\_  
SIGNATURE OF PROPERTY OWNER

My commission expires \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC OR OFFICER

**THIS SECTION FOR TOWNSHIP USE ONLY**

DATE APPLICATION RECEIVED \_\_\_\_\_ FEES \$ \_\_\_\_\_

DATE FEES RECEIVED \_\_\_\_\_

PUBLICATION DATES \_\_\_\_\_ AND \_\_\_\_\_ DATE APPLICANT NOTIFIED \_\_\_\_\_

TWP PLANNING COMMISSION DATE \_\_\_\_\_ ACTION RECOMMENDATION \_\_\_\_\_

COUNTY PLANNING COMMN DATE \_\_\_\_\_ ACTION RECOMMENDATION \_\_\_\_\_

HEARING DATE \_\_\_\_\_ TIME \_\_\_\_\_ ORDER OF THE BOARD \_\_\_\_\_

SIGNATURE OF COOLBAUGH TOWNSHIP ZONING OFFICER \_\_\_\_\_