



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 400, Zoning, Article 14 Administration, Section 125.
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 _____