



## COOLBAUGH TOWNSHIP MUNICIPAL CENTER

5520 Municipal Drive, Tobyhanna, PA 18466  
570-894-8490 Fax 570-894-8413  
www.coolbaughtwp.org

### BOARD OF SUPERVISORS 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. \$600 fee for a Public Hearing before the Board of Supervisors
2. Surveyor's certified plot plan (embossed seal or stamp required) showing all existing and proposed improvements (including decks, shed, etc.) and proper yard setbacks.
3. 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).
4. The Board of Supervisors meets on the first and third Tuesday of every month at 6:30 pm at the Coolbaugh Township Municipal Office, 5520 Municipal Drive, Tobyhanna, PA 18466.
5. 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 Township Office Monday through Friday from 8:00 am to 4:30 pm, except holidays.

#### **Coolbaugh Township Public Hearing Application**

APPLICATION IS HEREBY MADE FOR ACTION AT A PUBLIC HEARING IN CONFORMITY WITH REQUIREMENTS OF THE



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ZONING ORDINANCE #97 OF COOLBAUGH TOWNSHIP AND ANY AND ALL AMENDMENTS THERETO.

**ACTION REQUESTED: \_\_\_\_\_ APPEAL OF ZONING OFFICER'S DECISION \_\_\_\_\_ OTHER ACTION**

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Township Received Stamp

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/her 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:



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“On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned officer , personally appeared \_\_\_\_\_ who being duly sworn, according to law deposes and says that \_\_\_\_\_ the owners of the property described in this application and that the application was made with \_\_\_\_\_ knowledge and/or direction and does hereby agree with the said application and to the submission of the same. “

\_\_\_\_\_  
Property Owner

\_\_\_\_\_  
Property Owner

My Commission Expires: \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public or Officer

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### THIS SECTION FOR TOWNSHIP USE ONLY

Date Submitted: \_\_\_\_\_ Received By \_\_\_\_\_ Fee Received \_\_\_\_\_

Check/Money Order # \_\_\_\_\_  Credit Card \_\_\_\_\_  Cash \_\_\_\_\_

Regular/Special Meeting Date(s): \_\_\_\_\_

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Initials: \_\_\_\_\_