



COOLBAUGH TOWNSHIP MUNICIPAL CENTER

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

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. \$1500 fee for a Special Exception or Variance. (\$300.00 Per Continuance plus other costs as outlined in the Township Fee schedule)
2. \$600 fee for a Public Hearing before the Zoning Hearing Board as defined in Chapter 400, Zoning, 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 MUNICIPAL CENTER

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

Coolbaugh Township Public Hearing Application

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

ACTION REQUESTED: _____ VARIANCE _____ SPECIAL EXCEPTION

_____ CHANGE IN ZONING DISTRICT _____ 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 _____



COOLBAUGH TOWNSHIP MUNICIPAL CENTER

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

CERTIFICATION OF OWNERSHIP AND ACKNOWLEDGEMENT OF APPLICATION:

“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

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: _____