COOLBAUGH TOWNSHIP
Board of Supervisors

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

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:

_____CHANGE IN ZONING DIST _____CURATIVE AMENDMENT _____ CONDITIONAL USE

_____OTHER ACTION

Township Received Stamp

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 _____

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The Applicant hereby waives any claim against the Township, and further agrees to indemnify thereby holding the Township harmless from any claims or potential claim from any other property owner or owners arising out of the approval of this request. In addition, the applicant hereby certifies that to the best of his/her knowledge and belief the information and statements given above are true and correct.

"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: _____

Approved:_____ Denied:_____ Initials:_____