## **ZONING HEARING BOARD APPLICATION**

Fee: \$750.00 (Subsequent Hearings: \$250 Each)

*OFFICE USE ONLY*  PAYMENT INFO  AMOUNT: \$  CHECK #:  DATE:  REC'D BY:	BOROUGH OF STROUDSBU 700 SARAH STREET STROUDSBURG, PA 1836 Phone (570) 421-5444 Fax (570) 421-2690	Date Stamp (if rec'd w/o payment)
REC'D BY:	www.StroudsburgBoro.com	# of Plans Rec'd by:
I. APPLICANT AND PROPERTY OWNER INFORMATION		
Applicant's Name & Address:		
Phone #: Mobile #:		
Email:		
Property Owner's Name & Address:		
Phone #: Mobile #:		
Email:		
2. I	BUILDING / PROJECT INFOR	RMATION
Address of Property relevant to this hearing:		
Monroe County Tax I.D.#: 1873		
Zoning District in which the Property is located:		
Present use of property:		
Proposed use of property:		
ACTION REQUESTED:	Special Exception	□ Variance
	Appeal of Zoning Officer's Decision	□ Validity Challenge (\$1,000.)
REASON FOR HEARING	:	
USE SEPARATE SHEET IF NECESSA	ARY	
Signature of Applicant:		Date:
Signature of Property Owner:		Date:

**NOTE:** This application must be accompanied by a detailed site plan indicating the property boundaries and their relation to existing streets or roads, buildings, etc., and all necessary dimensions, including yards, as required by Section 1002.1 of the Zoning Ordinance. North shall be indicated by an arrow. All information submitted supporting this application shall become a part of the record and cannot be returned.