

Application to Zoning Hearing Board
Lehman Township, Luzerne County, PA

Applicant - Name, Address, Phone and Email: _____

Owner – Name, Address, Phone and Email: _____

Contractor – Name, Address, Phone and Email: _____

Attorney – Name, Address, Phone and Email (if any): _____

Property Address and Location: _____

Property Zoning District: _____ PIN: _____

Present Use of the Property: _____

Proposed Use of the Property: _____

Reason For Application:

- A variance per section 1309 of the Zoning Ordinance.
- A special exception per section 1610 of the Zoning Ordinance.
- A substantive challenge to the validity of the Zoning Ordinance per section 1608(A) of the Zoning Ordinance.
- A substantive challenge to the validity of the Zoning Ordinance per section 1608(B) of the Zoning Ordinance.
- An appeal of the determination of the Zoning Officer per section 1608(C) of the Zoning Ordinance.

Application relates to (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Use of Property | <input type="checkbox"/> Lot Coverage |
| <input type="checkbox"/> Building Height | <input type="checkbox"/> Lot Area |
| <input type="checkbox"/> Front Yard Setback | <input type="checkbox"/> Lot Width |
| <input type="checkbox"/> Side Yard Setback | <input type="checkbox"/> Existing Structure |
| <input type="checkbox"/> Rear Yard Setback | <input type="checkbox"/> Proposed Structure |

Explain the Nature of Your Request: _____

Reason you believe the Zoning Hearing Board should approve your request, citing sections of the Zoning Ordinance where applicable:

List Property Owners Names, Property Addresses and Mailing Addresses of all adjoining property owners including those directly across the street from the subject property.

Name : _____

Property Address: _____

Mailing Address: _____

Name : _____

Property Address: _____

Mailing Address: _____

Name : _____

Property Address: _____

Mailing Address: _____

Name : _____

Property Address: _____

Mailing Address: _____

Name : _____

Property Address: _____

Mailing Address: _____

Name : _____

Property Address: _____

Mailing Address: _____

By signing below, I verify that the information contained in and attached to this application is true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 PA.C.S.A. Section 4904 related to unsworn falsifications to authorities.

Signature of Applicant: _____ Date: _____

Signature of Landowner: _____ Date: _____

*****FOR TOWNSHIP USE ONLY*****

ZONING OFFICE REVIEW:

Case Number: _____

APPROVED DENIED

Submission Date: _____

Application Fee: _____

Payment: _____

Permit #: _____

Received By: Print: _____

Signature: _____ Date: _____