

# Blooming Grove Township

HC 8 Box 8501, Blooming Grove, PA 18428  
(570) 775-6461

## APPLICATION FOR **ZONING HEARING BOARD**

APPLICATION FEE: \$600  
STENOGRAPHIC SERVICE FEE: \$250

APPLICANT(S) NAME: \_\_\_\_\_

APPLICANT(S) ADDRESS: \_\_\_\_\_

\_\_\_\_\_ ZIP CODE: \_\_\_\_\_

APPLICANT(S) TELEPHONE: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

BRIEF DESCRIPTION AND LOCATION OF REAL EATATE TO BE AFFECTED:

\_\_\_\_\_  
\_\_\_\_\_

ATTACH A STATEMENT OF THE PRESENT ZONING CLASSIFICATION OF REAL ESTATE IN QUESTION, THE IMPROVEMENTS AND PRESENT USE.

AUTHORIZED REPRESENTATIVE: (Explain) \_\_\_\_\_

NAME OF PERSON YOU ARE REPRESENTING: \_\_\_\_\_

ATTACH STATEMENT OF THE SECTION OF THE ORDINANCE UNDER WHICH THE APPLICATION IS BEING REQUESTED, AND THE REASONS WHY IT SHOULD BE GRANTED.

ANY REASONABLY ACCURATE DESCRIPTION OF THE PRESENT IMPROVEMENTS AND THE ADDITIONS INTENDED TO BE MADE UNDER THIS APPLICATION. INDICATE THE SIZE OF SUCH PROPOSED IMPROVEMENTS, MATERIALS, AND GENERAL CONSTRUCTION THEREOF. IN ADDITION THERE SHALL BE ATTACHED A PLOT PLAN OF THE REAL ESTATE TO BE AFFECTED, AS REQUIRED TO ACCOMPANY APPLICATIONS FOR BUILDING PERMITS, INDICATING THE LOCATION AND SIZE OF THE LOT, AND THE SIZE OF IMPROVEMENTS NOW ERECTED, AND PROPOSED TO BE ERECTED THEREON.

PROVIDE ANY OTHER INFORMATION THE APPLICANT DEEMS APPROPRIATE.

SIGNATURE OF APPLICANT OR REPRESENTATIVE: \_\_\_\_\_  
(OR OTHER & TITLE)

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

**DO NOT WRITE BELOW THIS LINE**

RECEIVED BY BLOOMING GROVE TOWNSHIP ZONING OFFICER ON: \_\_\_\_\_ INITIALS: \_\_\_\_\_