

BOROUGH OF TOWANDA  
**CODE ENFORCEMENT OFFICE**  
724 Main Street, PO Box 229  
Towanda PA 18848  
(570) 265-2696

**APPLICATION TO THE ZONING HEARING BOARD**  
(Please print or type)

1. Application for:  Variance  
 Special Exception  
 Interpretation
  
2. Name and Address of Applicant \_\_\_\_\_  
\_\_\_\_\_
  
3. Name and Address of Owner of Property \_\_\_\_\_  
\_\_\_\_\_
  
4. Description and Address of Property to be affected by proposed change \_\_\_\_\_  
\_\_\_\_\_
  
5. Zoning Classification of Property \_\_\_\_\_
  
6. Present Use of Property \_\_\_\_\_  
\_\_\_\_\_
  
7. Proposed Use of Property \_\_\_\_\_  
\_\_\_\_\_
  
8. Applicable Zoning Ordinance Section(s) \_\_\_\_\_
  
9. Reasons Application should be granted \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
10. Description of Improvements and/or use; General Construction thereof \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
11. Attach Plot Plan of Property, indicating size of lot and location and size of improvements thereon.
  
12. The undersigned do(es) hereby make Application to the Zoning Hearing Board as indicated and testify that the information contained herein is true and correct.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

\$ \_\_\_\_\_ Filing fee received, Date \_\_\_\_\_ by \_\_\_\_\_