

COVINGTON TOWNSHIP APPLICATION FOR PUBLIC HEARING

20 Moffat Drive, Covington Township, PA

Phone: 570-842-8336 Fax: 570-842-2144

APPLICATION IS HEREBY MADE FOR ACTION AT A PUBLIC HEARING IN CONFORMITY WITH REQUIREMENT OF ZONING ORDINANCES OF COVINGTON TOWNSHIP AND ANY AND ALL AMENDMENTS THERETO.

ACTION REQUESTED (please check):

VARIANCE	INTERPRETATION	CHANGE IN ZONING DISTRICT
CONDITIONAL USE	CHALLENGE	APPEAL OF ZONING OFFICER'S DECISION
SPECIAL EXCEPTION	CURATIVE AMENDMENT	OTHER ACTION

 (Name of Applicant) (Telephone Number)

 (Address)

 (Interest of Applicant)

 (Location of Subject Property)

 (Zoning District of Property) (Tax Map Number) (Existing Use)

Details of Action Sought: _____

Reasons 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 COVINGTON TOWNSHIP AND SHALL NOT BE RETURNED TO SAID APPLICANT AND ALSO CERTIFIES AND STATES THAT TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF, ALL DATA, STATEMENTS AND INFORMATION SUBMITTED ON OR WITH THIS APPLICATION ARE TRUE AND CORRECT.

Signature of Applicant: _____ Date of Application: _____

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### CERTIFICATION OF OWNERSHIP AND ACKNOWLEDGEMENT OF APPLICATION

Commonwealth of Pennsylvania, County of Lackawanna SS

On this, the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned officer, personally appeared \_\_\_\_\_, who being duly sworn according to the law, disposes and says that \_\_\_\_\_ are the owners of the property described in this application and that the said application was made with full knowledge and/or direction and does hereby agree with the said application and to the submission of the same as provided by law.

\_\_\_\_\_  
 (Property Owner) (Property Owner)

My Commission Expires: \_\_\_\_\_ Notary Public or Officer: \_\_\_\_\_

~~~~~ **BELOW THIS LINE FOR TOWNSHIP USE ONLY** ~~~~~

Application Receipt Date: _____ Fees \$ _____ Date Fees Received: _____
 Publication Dates: _____ and _____ Applicant Notification Date: _____
 Township Planning Commission Date: _____ Action Recommendation: _____
 County Planning Commission Date: _____ Action Recommendation: _____
 Hearing Date: _____ Time: _____ Order to the Board: _____