

BOROUGH OF WELLSBORO

14 CRAFTON STREET
WELLSBORO, PA 16901

570.724.3186 FAX 570.724.2323

Zoning Hearing Application

Fee: \$750.00

1. Application for: Variance Special Exception

2. Name & Address of Applicant: _____

3. Name & Address of Owner of Property: _____

4. Description & 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. Reason Application Should Be Granted: _____

10. Description of Improvements and/or Use; General Construction Thereof: _____

11. Attach plot 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 _____

Print Name _____ Phone Number _____

\$ _____ Filing Fee Received Date _____

Received By _____