BOROUGH OF CARROLL VALLEY
5685 FAIRFIELD ROAD
CARROLL VALLEY, PA 17320

APPLICATION TO THE ZONING HEARING BOARD OF THE BOROUGH OF CARROLL VALLEY

For: ◯ Special Exception ◯ Variance ◯ Appeal

Name of Applicant: _____ Name of Property Owner: _____

Address of Applicant: _____ Address of Property Owner: _____

Parcel Address _____ Parcel Number _____

Name and address of attorney (if applicable): _____

Interest of Applicant:

_____

Brief description of the property affected with specific reference to the section of the Ordinance upon which the application for Special Exception, Variance, or appeal is based:

_____

A brief statement of the relief sought, the Special Exception or Variance desired; or basis for appeal:

_____

IN ORDER TO PROCESS THE APPLICATION THE FOLLOWING MUST BE SUBMITTED:

1.) SIGNED APPLICATION
2.) 3 COPIES OF THE PLOT PLAN AND FLOOR PLAN (if applicable)
3.) APPLICATION FEE OF $500

Applicant's Signature	Date	Owner's Signature	Date

Do not write below this line Borough use only

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Application Fee of $500.00 received on _____ ◯ Cash ◯ Check # _____

Application received By: _____