

APPLICATION FOR A SPECIAL EXCEPTION USE

SELINGSGROVE ZONING HEARING BOARD

Name of applicant: _____

Home address: _____

Phone Number: _____

Attorney (if any): _____

Location of property affected: _____

Present Zone of subject property: _____

The provision of the Zoning Ordinance under which application is being made:

Present Use of Property: _____

Proposed Use of Property: _____

Property owner if different from applicant: _____

(please attach sketch of proposed use with dimensions)

signature of applicant

date of application