

**APPLICATION FOR A VARIANCE
SELINGROVE ZONING HEARING BOARD**

I or we hereby apply for a variance from the Zoning ordinance of the Borough of Selingsgrove and represent as follows:

1. Name: _____
2. Address: _____
3. Phone number: _____
4. Attorney (if any) _____
5. Location of Property affected:

6. Present Zone of #5 above: _____
7. The provision of the Zoning Ordinance from which a variance is sought: _____

8. The specific variance which is being applied for: _____

9. The reason that the variance is necessary: _____

10. Property owner if different from applicant: _____

signature of applicant

date of application