1361 Pocono Blvd., Suite 100 Mount Pocono, PA 18344 www.mountpocono-pa.gov

APPLICATION TO THE ZONING HEARING BOARD

SUBMIT 4 SIGNED COPIES TO THE MOUNT POCONO BOROUGH ZONING OFFICER TOGETHER WITH A CHECK FOR APPROPRIATE AMOUNT.

plica	tion is hereby made to the Zoning Hearing Board of the Borough of Mount Pocono for: (Check appropriate b □ Appeal □ Variance □ Special Exception □ Other (specify)		
1.	Name and address of Applicant:		
	Phone:		
2.	Name and address of all owners of subject property:		
	Phone:		
3.	Street address or location of property:		
4.	Zoning District: \square R1 \square R2 \square R3 \square C1 \square C2 \square M		
5.	Current use of property:		
6.	Property Tax Assessment Number (PIN):		
7.	Note section(s) of the Ordinance which give rise to this Application:		
8.	Submit a site plan drawn to scale and any other information required by the Ordinance.		
	QUESTIONS 9 AND 10 FOR APPEALS ONLY		
9.	Note action taken or decision made by Zoning Officer that is being made the subject of this appeal		
10	Has a Zoning Permit ever been issued for this property? (If yes, give Permit number and date issued):		
	QUESTIONS 11 AND 12 FOR VARIANCE		
	OR SPECIAL USE ONLY		
11	Describe nature of variance of special use for which you are applying:		

• •	2. A. Note physical characteristics of land, if any, which create hardship under present Zoning Regulations:		
	nich made it necessary for you to request a variance or special		
Note: When Special Use is requested, s accordance with the Zoning Ordinance.	submit 4 copies of a Site Development Plan prepared in		
•	rized by the owner to make this application as to conform to all applicable laws of this jurisdiction.		
Signature of Applicant/Owner:	Date:		
DO NOT WI	RITE BELOW THIS LINE – BOROUGH USE ONLY		
Date Received: Check #:	Amount Paid: \$ Received by:		
Date of Hearing.:	Date of Decision:		
Property Identification (PIN) #:			