

**CHARLESTON TOWNSHIP
ZONING HEARING BOARD**

Dale Allen
Russell Tomlinson
Michael Pierce

156 Catlin Hollow Rd
Wellsboro, PA 16901
(570) 724-5353

Application For A Variance/ Special Exception

Applicant's Name: _____

Applicant's Address: _____

Telephone Home: _____ Work: _____ Cell: _____

Address of property for which this request is being made: (If PO Box Please describe location): _____

(Deed Book and Page or Parcel No., if Known): _____

Is this request for a variance or special exception: _____

State the acreage and dimensions of the lot: _____

Describe the current use of the property: _____

Describe the variance/ special exception you are requesting: _____

(Additional Space on back)

If you are requesting a variance, what hardship would you suffer if denied? _____

Please state the name and addresses of all adjoining landowners: _____

I/We understand that the application fee is non-refundable. I/ We hereby verify that the facts set forth in the forgoing Application are true and correct to the best of my knowledge, information, and belief. This verification is made subject to the penalties of 18 PA.C.S.A. Section 4904 relating to unsworn falsification to authorities.

Date: _____
Applicant(s) signature: _____

Fee: \$600 _____