Taylor Borough

122 Union Street Taylor, Pennsylvania 18517
Phone: (570) 562-1400 Fax: (570) 562-1415

APPLICATION FOR:

_____ VARIANCE _____APPEAL
_____ ZONE CHANGE _____SPECIAL EXCEPTION
_____ CONDITIONAL USE _____ OTHER _____

A . TO BE COMPLETED BY APPLICANT

1. Two (2) copies of Application to be filed in its entirety along with required fee. $400.00

2. Date: _____ Phone No: _____

3. Name: _____

4. Address: _____

5. Describe Nature of Request : _____
_____
_____
_____

6. Adjacent Neighbors : (use Back of Page for Additional Space)

6-A Name and Address : _____
_____

6-B Name and Address : _____
_____

B. TO BE COMPLETED BY ZONING OFFICER

1. Type name and No. on file folder.

2. Zoning Hearing Board, Planning Commission or Borough Council to accept application.
Date: _____

3. Date _____ Time _____ for Public Hearing.

4. Type letter and mail to newspaper to advertise date and time of public hearing.
(Must be advertised twice)

5. Type letters to adjacent neighbors and mail 14 days prior to Public Hearing.
1. _____ 2. _____

6. Cut Articles out of newspaper on advertisement days, make copies and place in each folder for proof of publication for Public Hearing.