

**ZONING HEARING BOARD**

**Application for Special Exception, Variance, Interpretation  
under Zoning Ordinance or Appeal**

See Checklist on Page 4.

**Applicant or Appellant:**

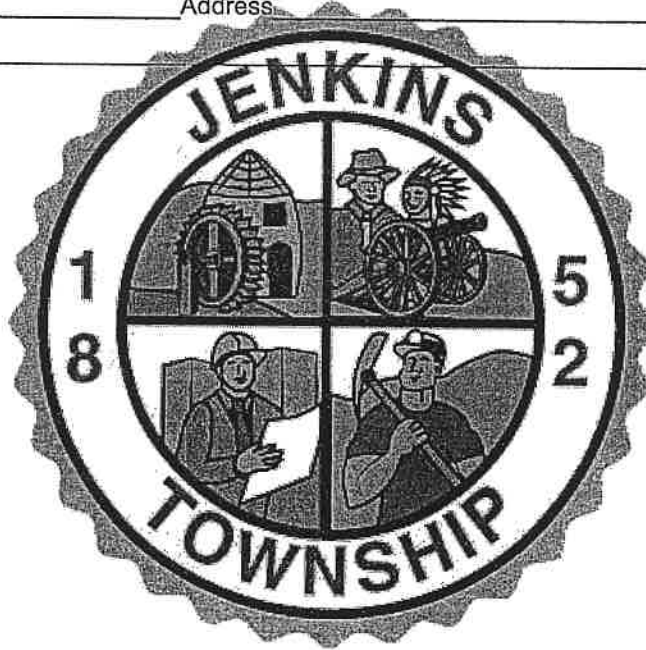
**Property Owner (if different from Applicant):**

Name \_\_\_\_\_ Name \_\_\_\_\_

Firm \_\_\_\_\_ Firm \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_



**Luzerne County, Pennsylvania**

**ZONING HEARING BOARD  
APPLICATION**

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

email: \_\_\_\_\_ email: \_\_\_\_\_

Relationship to Property Owner:

\_\_\_\_\_

**Attorney for Applicant:**

Name: \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Firm: \_\_\_\_\_ email: \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

**Engineer: (if any)**

Firm: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

**PROPERTY:**

Exact location of Property: \_\_\_\_\_

\_\_\_\_\_

Zoning Classification: \_\_\_\_\_ Date Acquired: \_\_\_\_\_ Present Use:

\_\_\_\_\_

Proposed Use: \_\_\_\_\_

Dimensions of Lot: \_\_\_\_\_ Square Footage of Lot: \_\_\_\_\_

JENKINS TOWNSHIP / 46 ½ MAIN STREET / INKERMANN / PITTSTON, PA 18640 / T 570-654-3315 / F 570-654-3316

**Distance to Each Boundary**

Before Construction:

North \_\_\_\_\_ South \_\_\_\_\_ East \_\_\_\_\_ West \_\_\_\_\_

After Construction:

North \_\_\_\_\_ South \_\_\_\_\_ East \_\_\_\_\_ West \_\_\_\_\_

**Distance to Boundaries and Rights of Way**

Before Construction:

Front Yard: Boundary \_\_\_\_\_ Right of Way \_\_\_\_\_

Rear Yard: Boundary \_\_\_\_\_ Right of Way \_\_\_\_\_

After Construction

Boundary \_\_\_\_\_ Right of Way \_\_\_\_\_

Boundary \_\_\_\_\_ Right of Way \_\_\_\_\_

Side Yards: Boundary \_\_\_\_\_ Right of Way \_\_\_\_\_ Boundary \_\_\_\_\_ Right of Way \_\_\_\_\_

**Dimensions of Proposed Construction (if any):**

Height \_\_\_\_\_ Width \_\_\_\_\_ Depth \_\_\_\_\_

Square Feet

First Floor \_\_\_\_\_ Second Floor \_\_\_\_\_ Additional \_\_\_\_\_

Percentage of open area remaining on the lot on completion of construction: \_\_\_\_\_

Ratio of Lot Coverage to Open Area: Before Construction: \_\_\_\_\_ After Construction: \_\_\_\_\_

**Type of Construction (if any):** \_\_\_\_\_

**Estimated Cost:** \_\_\_\_\_

**Contractor (if any):**

Firm: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Contact: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Architect (if any):**

Firm: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Contact: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Adjoining or Abutting Properties and Use:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Use: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Use: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Use: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Use: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Use: \_\_\_\_\_

Use: \_\_\_\_\_

If additional properties, continue on separate sheet and check here ☐

Order or Decision Appealed From \_\_\_\_\_

Date of Application \_\_\_\_\_ Date of Order (or Decision) \_\_\_\_\_

This Proceeding is based on the following Jenkins Township Zoning Ordinances:

Section(s) Subsection(s) \_\_\_\_\_

Interest of Applicant or Appellant in Property: \_\_\_\_\_

Statement of Relief Sought (Reason for Application or Appeal): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Statement of Grounds for Application or Appeal: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Statement of Objections to Findings or Conclusions or Order of Decision Appealed from: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Check

Applicable Averment:

☐

**Special Exception:** Applicant or Appellant avers that the Special Exception applied for is in harmony with the general purpose and intent of the Zoning Ordinance of Jenkins Township and unless granted, Applicant or Appellant will be deprived of the full lawful use of the herein described property.

☐

**Variance:** Applicant or Appellant avers that unless the Variance herein applied for is granted, unnecessary hardship will result to Applicant or Appellant resulting in great loss in preventing the full use or disposal of the herein described property.

☐

Other: \_\_\_\_\_

\_\_\_\_\_

Other Conditions: \_\_\_\_\_

\_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

#### **APPLICATION CHECKLIST**

Please include the following with this application, make checks payable to: **Jenkins Township**

☐

Applicable Zoning Hearing Board Fee (Fees can be found in the annual Township Fee Resolution).

4 copies of each of the following:

☐

Completed Application Form (Include 1 original signed and notarized application).

☐

Copy of the Deed of the premises described herein.

☐

Copy of the legal description of the premises described herein if different from the Deed in any way.

☐

Copy of the original Application (if any) made to the Zoning Officer.

☐

Copy of the Order or Decision appealed from.

☐

A copy of a Site Plan, Plot Plan or Survey depicting the entire property effected by the Application, the existing buildings, improvements and structures located on such property, and any proposed changes or additions to the existing buildings, improvements or structures located on such property and any new buildings, improvements or structures proposed to be constructed or erected on such property. The Site Plan, Plot Plan or Survey must contain accurate distance, area, length, height, width, location, ratio and other applicable and appropriate measurements of the effected property, buildings, improvements and structures as proposed, and depict the relationship of the adjoining or abutting properties.

COMMONWEALTH OF PENNSYLVANIA )

SS:

COUNTY OF LUZERNE )

#### **AFFIDAVIT**

\_\_\_\_\_, being duly sworn according to law, deposes and says that he/she is the Applicant or Appellant herein (or that he/she is one of the Applicants or

Appellants herein and is authorized to make this Affidavit on behalf of all the Applicants or Appellants herein), (or that he/she is an officer, employee or agent of the Corporate Applicant or Appellant herein and as such officer, employee or agent of such Corporate Applicant or Appellant is authorized to make this Affidavit on its behalf), and that the facts set forth herein are true and correct to the best of his/her knowledge, information and belief.

\_\_\_\_\_  
Applicant or Appellant (SEAL)

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public