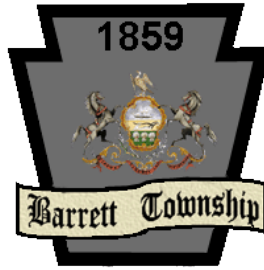


**BARRETT TOWNSHIP**

Barrett Township Municipal Building  
993 Route 390  
Cresco, PA 18326



Phone: 570 595 2602  
Fax: 570 595 7550  
www.BarrettTownship.com

**ZONING HEARING BOARD APPEAL APPLICATION**

**Application requirements and regulations:**

- Fees must be paid at the time of application.
- One (1) plot plan of property drawn to scale indicating location and size of improvements both proposed and presently existing and indicating a compass reference shall be submitted.
- Supplemental documents may be required to be submitted as part of this application, at the discretion of the Zoning Officer.

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Property Owner Name \_\_\_\_\_

Phone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

Property Owner Address \_\_\_\_\_

If different from the above noted Property Owner please indicate the following:

Applicant Name \_\_\_\_\_

Phone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

Applicant Address \_\_\_\_\_

Attorney/Agent Name \_\_\_\_\_

Phone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

Attorney/Agent Address \_\_\_\_\_

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Reason for application (check applicable item(s))

Appeal from the action of the zoning officer

Special exception request

Variance request

Challenge the validity of the zoning ordinance or map

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Property Address \_\_\_\_\_

Tax Parcel Number \_\_\_\_\_ Zoning District \_\_\_\_\_

Lot Size \_\_\_\_\_ Date of Current Deed \_\_\_\_\_

Existing Use(s) (check all that apply)

Agricultural

Residential

Commercial

Institutional

Industrial

Other

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Nature of Improvements

Present, describe \_\_\_\_\_

Proposed, describe \_\_\_\_\_

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**IF YOU ARE APPEALING FROM A DETERMINATION OF THE ZONING OFFICER, COMPLETE THE FOLLOWING:**

The action taken was: \_\_\_\_\_

\_\_\_\_\_

The date action was taken: \_\_\_\_\_

*Attach a copy of any written order issued by the Zoning Officer in connection with this matter.*

The foregoing action was in error because: \_\_\_\_\_

\_\_\_\_\_

If you allege the existence of a non-conforming use, state the nature of such use and the date on which it began: \_\_\_\_\_

\_\_\_\_\_

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**IF YOU ARE REQUESTING A SPECIAL EXCEPTION COMPLETE THE FOLLOWING:**

Nature of special exception sought is: \_\_\_\_\_

\_\_\_\_\_

The special exception is allowed under Section \_\_\_\_\_ Subsection \_\_\_\_\_ of the Barrett Township Zoning Ordinance. (If more than one exception is requested, list ordinance references on separate page)

The reason for the request is: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**IF YOU ARE REQUESTING A VARIANCE COMPLETE THE FOLLOWING:**

Nature of variance sought is: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

The variance is from Section \_\_\_\_\_ Subsection \_\_\_\_\_ of the Barrett Township Zoning Ordinance. (If more than one variance is requested, list ordinance references on a separate page)

The nature of the unique circumstances and the unnecessary hardship justifying this request for a variance is: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**IF YOU ARE CHALLENGING THE VALIDITY OF A ZONING ORDINANCE OR MAP, COMPLETE THE FOLLOWING:**

Identify the provision of the ordinance or map which you believe to be invalid: \_\_\_\_\_

\_\_\_\_\_

The challenge is ripe for decision because: \_\_\_\_\_

\_\_\_\_\_

The provision challenged is invalid because: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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*The undersigned, being duly sworn according to law, deposes and says that he/she is the above-named applicant, that he/she is authorized to and does take this affidavit on behalf of the owner, and that the foregoing facts are true and correct.*

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Applicant Signature

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Date

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