

SPRING BROOK TOWNSHIP

966 STATE ROUTE 307 SPRING BROOK TOWNSHIP, PA 18444

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www.springbrooktownship.org

REQUEST FOR A HEARING BEFORE THE BOARD OF SUPERVISORS

Type of Action Requested:

Applicant Name, Address & Phone Number:

Applicant Interest:

Owner _____ Other _____ (Please Specify _____)
If applicant is not the owner, please furnish the name and address of property owner.

Description of Subject Property (Attach Sketch or Plot Plan):

Location: _____

Tax Parcel ID: _____

Zoning Classification of Property: _____

Current Use of Property: _____

Grounds for Consideration of Request are (Attach all pertinent information):

Signature of Applicant

TOWNSHIP USE ONLY

Date Application Received _____ Fee \$ _____ Paid _____

Hearing Publication Dates _____

Hearing Date(s) _____

Board of Supervisors Decision:

Approved _____ Date _____ Denied _____ Date _____