

ZONING HEARING BOARD APPLICATION  
KISKIMINETAS TOWNSHIP  
ARMSTRONG COUNTY, PENNSYLVANIA

NAME OF APPLICANT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME OF LANDOWNER: \_\_\_\_\_

(If landowner is not the applicant, authorization to act in the landowner's behalf must be presented with the application.)

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

Cite all applicable sections of the Zoning Ordinance:

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

DESCRIBE PROPERTY FOR WHICH APPLICATION IS FILED: \_\_\_\_\_

LOCATION: \_\_\_\_\_

ZONING CLASSIFICATION: \_\_\_\_\_ LOT SIZE: \_\_\_\_\_

PRESENT USE: \_\_\_\_\_ PROPOSED USE: \_\_\_\_\_

APPROXIMATE COST OF PROPOSED USE: \_\_\_\_\_

EXISTING IMPROVEMENTS ON THE LAND: \_\_\_\_\_

JUSTIFICATION FOR REQUEST: (Please include grounds for appeal, and if physical hardship is aimed as basis for hearing, state specific hardship.)

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

HAS A PREVIOUS APPLICATION BEEN FILED WITH THE BAORD FOR THIS PROPERTY? \_\_\_\_\_

Please provide the names and addresses of owner of property within 200 feet from the exterior limits of the property for which this application is filed as shown on the latest assessment rolls of the county of Armstrong.

NAME

ADDRESS


(Attach a separate sheet if additional space is needed.)

Note: This application must be filed in triplicate. **It is necessary to Notarize only one copy.** This application must be accompanied by the require fee and (5) copies of a plot plan for the property.

COMONWEALTH OF PENNSYLVANIA  
COUNTY OF ARMSTRONG

I, \_\_\_\_\_, hereby depose and say that all of the above statements and statements contained in the papers submitted herewith are true to the best of my knowledge and belief.

Signature: \_\_\_\_\_

SEAL

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

Subscribed and sworn to before me this \_\_\_\_\_, day of \_\_\_\_\_, 20 \_\_\_\_\_

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