

ZONING HEARING BOARD OF THE BOROUGH OF MANSFIELD HEARING APPLICATION

APP DATE		IS APPLICANT OWNER?
/ /		(Y/N)

1. APPLICANT INFORMATION

FIRST NAME	LAST NAME OR BUSINESS NAME	PHONE
STREET ADDRESS	CITY	STATE ZIP

2. PROPERTY INFORMATION

STREET ADDRESS	PARCEL NUMBER	ZONING

3. OWNER OF PROPERTY

FIRST NAME	LAST NAME OR BUSINESS NAME	PHONE
STREET ADDRESS	CITY	STATE ZIP

4. TYPE OF REQUEST FOR HEARING

- ☐ Variance
☐ Small lot of record variance
☐ Appeal of Code Officials decision

☐ Expansion of non-conforming use
☐ Special Exception
- Explain:**

WAS A PERMIT DENIED? Y/N	IS THE PROPERTY COMMERCIAL OR RESIDENTIAL?
Explain the reason for applying to Zoning Hearing Board	

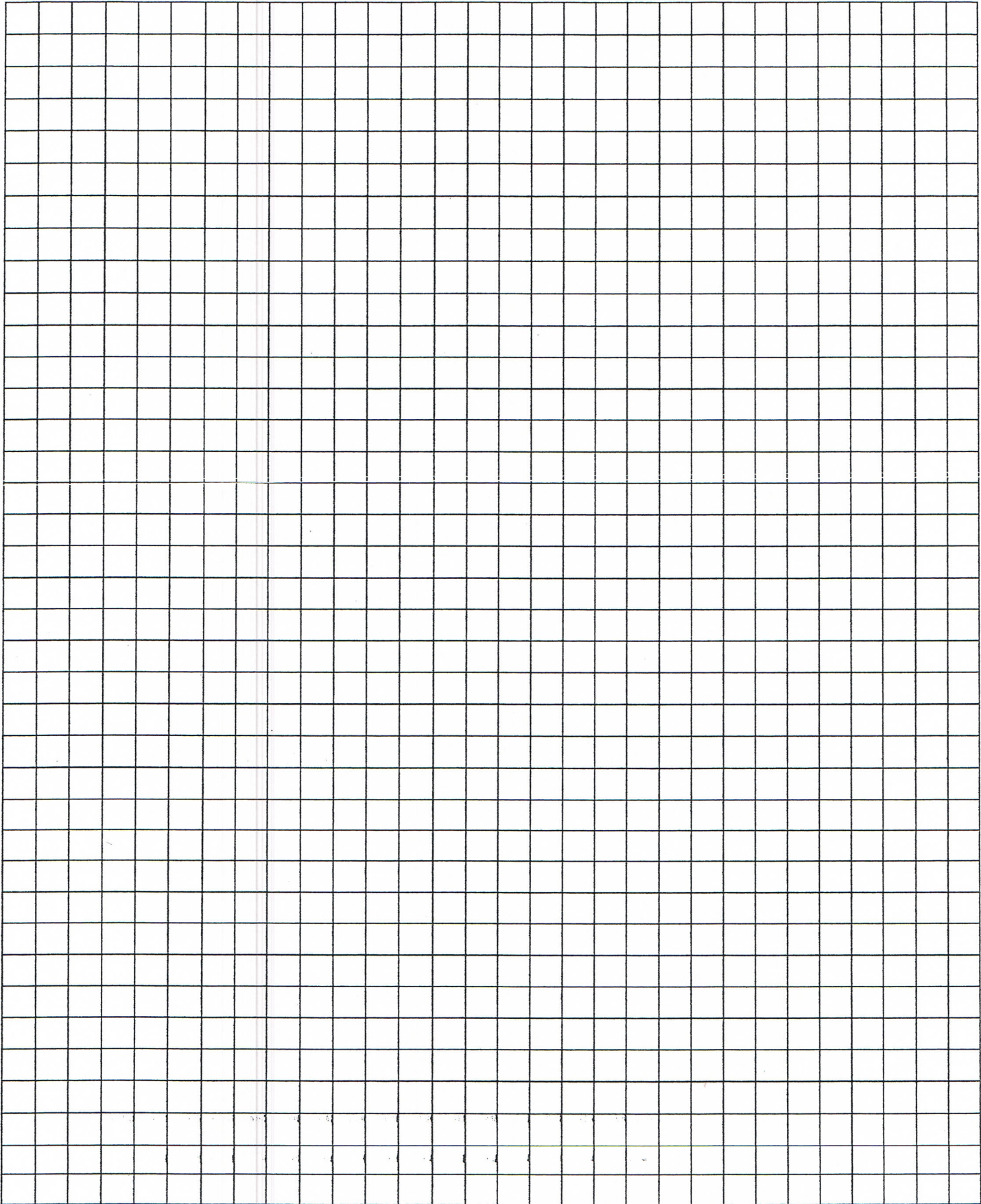
ATTACH A SET OF SCALE DRAWINGS OF ALL RELEVANT DETAILS.
THE BACK OF THIS PAGE MAY BE USED

I HEREBY DEPOSE AND SAY THAT ALL OF THE ABOVE STATEMENTS AND THE STATEMENTS CONTAINED IN THE PAPERS SUBMITTED HERewith ARE TRUE.

DATE _____
(APPLICANT: SIGN HERE)

NOTE: YOU WILL BE ADVISED BY MAIL OF THE DATE OF THE HEARING.

SITE PLAN



SCALE= _____ = _____ FEET

