



Borough of Folcroft

1555 ELMWOOD AVENUE

FOLCROFT, PA 19032

(610) 522-1305

Fax (610) 522-1114

Application to the Zoning Hearing Board

1. Application For: _____ Variance from Section _____
_____ Special Exception from Section _____
_____ Interpretation (explain) _____

2. Name and Address of Applicant: _____
_____ Phone: _____

3. Name and Address of Property Owner: _____
_____ Phone: _____

4. Address of Property: _____

5. Zoning District of Property: _____

6. Present Use of Property: _____

7. Proposed Use of Property: _____

8. Description of Any Improvements to the Property: _____

9. Reasons Application Should Be Granted: _____

10: The undersigned hereby makes an application to the Zoning Hearing Board as indicated and affirms that the information contained herein is true and correct.

Signed: _____ Date: _____
(applicant)

Signed: _____ Date: _____
(property owner)

\$ _____ Non-refundable filing fee received on (date) _____ by _____
File No. _____ (office use only) form created 6/12/05