

MILFORD TOWNSHIP
SUPERVISORS

EST. 1832

APPLICATION FOR VARIANCE

1. DATE _____

2. NAME _____

3. ADDRESS _____

4. LOCATION OF PROPERTY (BE SPECIFIC) _____

5. LEGAL DESCRIPTION (ATTACH IF LONGER) _____

6. REQUEST FOR VARIANCE FROM THE PROVISIONS OF: _____

SECTION _____

7. STATE SPECIFICALLY THE CHANGE(S) PROPOSED AND REASONS SUCH CHANGES ARE NECESSARY: (USE ADDITIONAL SHEETS IF NECESSARY)

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MILFORD, PA. 18337

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8. EXPLAIN HOW YOUR REQUEST MEETS THE TERMS REQUIRED FOR A VARIANCE ACCORDING TO THE ORDINANCE (USE ADDITIONAL SHEETS IF NECESSARY):

ATTACH ANY ADDITIONAL INFORMATION REQUIRED TO DOCUMENT THE NEED FOR A VARIANCE.

I (WE) THE UNDERSIGNED HEREBY SUBMIT THE ABOVE TO THE MILFORD TOWNSHIP ZONING HEARING BOARD AS A REQUEST FOR A VARIANCE FROM THE LITERAL TERMS OF THE TOWNSHIP ZONING ORDINANCE.

SIGNATURE - OWNER(S)

DATE



P.O. Box 366
Milford, PA 18337
Tel. (570) 296-5540
FAX (570) 409-8348
Website: www.milfordtownshippike.com

MILFORD TOWNSHIP

Due to the Covid-19 Public Health Emergency, the applicant will grant the Township a waiver of the required time limits for taking action on the application.

The Township will act as expeditiously as possible to process the application. The Township thanks you for your patience.

Property Owner's Signature _____

Date _____

