



1155 Red Fox Road | East Stroudsburg | Pennsylvania 18301  
Ph: 570-223-5082 | Fax: 570-223-5086  
Email: zoning@smithfieldtownship.com | www.smithfieldtownship.com

**Application for Public Hearing**

Application is hereby made for action at a public hearing in conformity with requirements of the Smithfield Township Zoning Ordinance (#38) and any and all amendments thereto.

**Action Requested:**

Variance     Special Exception     Interpretation     Challenge  
 Change in Zoning District     Curative Amendment     Conditional Use  
 Appeal of Zoning Officer's Decision    Other: \_\_\_\_\_

**Name of Applicant:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

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

**Interest of Applicant:** \_\_\_\_\_

**Location of Property:** \_\_\_\_\_

**Zoning District of Property:** \_\_\_\_\_ **Tax ID:** \_\_\_\_\_ **Existing Use:** \_\_\_\_\_

**Details of Action Sought:** \_\_\_\_\_  
\_\_\_\_\_

**Reasons for Action Sought:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The applicant does hereby agree that all the material submitted with this application shall be made part of the records of Smithfield Township and shall not be returned to said applicant, and also certifies and states that to the best of their knowledge and belief, all data, statements and information submitted on or with this application are true and correct.

\_\_\_\_\_  
Signature of Applicant                      Date

\_\_\_\_\_  
Signature of Applicant                      Date

**Certification of Ownership and Acknowledgment of Application**

Commonwealth of Pennsylvania

County of Monroe

On this, the \_\_\_\_\_ of \_\_\_\_\_, 20\_\_\_\_\_, before me, the undersigned officer, personally appeared \_\_\_\_\_, who being duly sworn according to law deposes and says \_\_\_\_\_ (is)(are) the owner(s) of the property described in this application and that said application was made with \_\_\_\_\_ full knowledge and/or direction and does hereby agree with said application and to the submission of the same as provided by law.

\_\_\_\_\_  
Property Owner

\_\_\_\_\_  
Property Owner

My Commission Expires \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public or Officer

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**For Township Use Only**

Date Application Received: \_\_\_\_\_ Fee Received \$\_\_\_\_\_ Check # \_\_\_\_\_

Applicant Notification Date: \_\_\_\_\_ Publication Dates: \_\_\_\_\_ & \_\_\_\_\_

Hearing Date: \_\_\_\_\_ Review by Twp. Planning Commission: \_\_\_\_\_

Signed: \_\_\_\_\_  
Township Zoning Officer      Date