

ZONING HEARING APPLICATION

Lemoyne Borough, Cumberland County, Pennsylvania

Applicant Name _____

Applicant Address _____

Phone _____ Fax _____

Email _____

Project Address _____

Project Zoning District _____

Zoning relief requested (section) _____

Justification (attach additional sheets and plans if necessary)

Contractor Name _____

Contractor Address _____

Contractor Phone _____ Contractor Fax _____

Contractor Email _____

Engineer/Surveyor Name (if applicable) _____

Engineer/Surveyor Address _____

Engineer/Surveyor Phone _____ Engineer/Surveyor Fax _____

Engineer/Surveyor Email _____

Lessee Name (if applicable) _____

Lessee Address _____

Lessee Phone _____ Lessee Fax _____

Lessee Email _____

Residential - \$250..... _____

Non Residential - \$350..... _____

***NOTE- An additional \$400 fee will be required when the date of hearing is set**

Signature of Applicant _____

Date _____

(For Borough use only below this line)

1st Fee \$ _____ Check No. _____

Fee Received By _____ Date _____

2nd Payment when hearing date is set \$ _____ Check No. _____

Fee Received By _____ Date _____

Hearing Date _____ Hearing Application Number _____

