

**APPLICATION
FOR CERTIFICATE OF ZONING
COMPLIANCE/USE**

CLARKS SUMMIT BOROUGH
LACKAWANNA COUNTY, PENNSYLVANIA

DATE: _____

BUSINESS NAME: _____

I [We] hereby represent that the information provided herein and on the plans and documents submitted herewith is true and correct and request a certificate of Zoning Compliance be issued in reliance thereon. I [We] agree to comply with the Clarks Summit Zoning Ordinance as amended established by the Borough Council and any other applicable regulations.

APPLICANT INFORMATION:

NAME: _____

SIGNATURE: _____

ADDRESS (STREET, PO BOX): _____

TELEPHONE: _____

CITY: _____ STATE: _____ ZIP: _____

INTEREST IN PROPERTY: Owner, Tenant, Agreement of Sale, Other

PROPERTY OWNER INFORMATION (If DIFFERENT THAN APPLICANT):

NAME: _____

SIGNATURE: _____

ADDRESS (STREET, PO BOX): _____

TELEPHONE: _____

CITY: _____ STATE: _____ ZIP: _____

PROPERTY INFORMATION:

PROPOSED USE/REQUEST: _____

EXISTING USE: _____

LOCATION: _____ LOT SIZE: _____ TAX MAP#: _____

(ROUTE NUMBER, ROAD NAME, VILLAGE, ETC.)

(ACRES)

ZONING DISTRICT: _____

PERFORMANCE STANDARDS & ENVIRONMENTAL PROTECTION:

Submit documentation, which addresses the Performance Standards & Environmental Protection requirements in and any other applicable standards contained in the Zoning Ordinance.

BOROUGH USE ONLY:

FEE: \$50.00

CHECK NAME: _____

CHECK NO. : _____

DATE RECEIVED: _____

FEE PAID: _____

RECEIVED BY: _____

Certificate Number: _____

CODE ENFORCEMENT OFFICER: _____