



**City of Carbondale**

1 N Main Street • Carbondale, PA 18407  
Phone: (570) 282-4044 Fax: (570) 282-2131

[www.carbondale-pa-coc.com](http://www.carbondale-pa-coc.com)

*Historic Carbondale – Pennsylvania’s 4<sup>th</sup> Oldest City*

**City of Carbondale  
Application for a Zoning Permit of Appeal**

Type of Action Required: Variance \_\_\_ Special Exception \_\_\_ Interpretation \_\_\_ Appeal \_\_\_

1. Name, Address and Phone Number of Applicant \_\_\_\_\_  
\_\_\_\_\_

2. Is Applicant represented by Attorney Yes \_\_\_ No \_\_\_ If yes, Name, Address and Phone  
Number of Attorney \_\_\_\_\_  
\_\_\_\_\_

3. The interest of the Applicant is: \_\_\_\_\_  
\_\_\_\_\_

4. If Applicant is not the owner, furnish contact information or letter of acknowledgement.  
\_\_\_\_\_

5. The subject property is described, located and used as follows. If necessary, attach a map,  
pictures or sketches:  
\_\_\_\_\_

6. The \_\_\_\_\_ sought by the Applicant citing the present  
zoning classification of the property and the section of the Zoning Ordinance under which this  
Applicant is submitted  
\_\_\_\_\_

7. Attach a true copy of any prior order, requirement, decision or determination of the Building  
Inspector, Zoning Officer, or Zoning Hearing Board.  
\_\_\_\_\_

\_\_\_\_\_  
Signature

Received: _____	Publication Dates: _____
Planning Commission Review and Action: _____ _____	
Zoning Hearing Date: _____	Action: _____

**Zoning Hearing  
Members**

Patricia McHale,  
Chairman

Jody Brenzel  
Member

Joseph Kapalko  
Member

Diane Kurlanksi  
Member

Robert Storm  
Member

Joseph McGraw,  
Esquire  
Solicitor

Michele M. Bannon  
Zoning Officer