

City of Carbondale

1 N Main Street • Carbondale, PA 18407 Phone: (570) 282-4632 Fax: (570) 282-2131

Historic Carbondale - Pennsylvania's 4th Oldest City

Zoning Hearing Members

Patricia McHale, Chairman

William Boyle Member

Joseph Kapalko Member

Thomas Newcomb Member

> Robert Storm Member

Joseph McGraw, Esquire Solicitor

Douglas Calzola Zoning Officer

City of Carbondale Application for a Zoning Permit of Appeal

Type of Action Required:	Variance	_ Special Except	ion Interpretation	Appeal
1. Name, Address and Pho	ne Number of	Applicant		
		KROND	ALF	
2. Is Applicant represented Number of Attorney	ed by Attorne	y Yes No	o If yes, Name, A	ddress and Phone
3. The interest of the Appl	licant is:			\
4. If Applicant is not the c	wner, furnish	contact informat	tion or letter of acknowle	dgement.
5. The subject property pictures or sketches:	is described,	located and used	l as follows. If necessa	ry, attach a map,
6. Thezoning classification of the Applicant is submitted	e property ar	nd the section of	ught by the Applicant of the Zoning Ordinance	
7. Attach a true copy of Inspector, Zoning Officer,			decision or determinatio	n of the Building
		_		Signature
Received:		Publication	Dates:	
Planning Commission Rev	iew and Actio	on:		
Zoning Hearing Date:		Action:		