

**ZONING HEARING APPLICATION
PORTER TOWNSHIP**

Date Received _____

Name of Applicant _____

Name of Property owner _____

Property address for hearing _____

Phone # _____ E-mail _____

Zoning Classification _____ Parcel# _____

Application fee is \$800. Plus, any additional expenses over \$800. occurred for hearing.

Checks payable to; (Porter Township Supervisors, **Non-refundable**)

Permit Fee Paid \$ _____ Check# _____

Description of what you are requesting asking a hearing for:

Applicant Signature

_____ Date: _____

Zoning Officer Signature

Zoning Officer Comments: _____

Total Hearing Cost \$ _____