LIBERTY TOWNSHIP, ADAMS COUNTY, PA REQUEST FOR WAIVER OF ZONING/LAND USE PERMIT

Submit this request to secretary@libertytownshippa.org or by mail

| APPLICANT NAME | | | | |
|---|----------------|--|----------------------------|--|
| Company | | | | |
| Mailing Address | City | State | Zip Code | |
| Telephone | E-mail | | | |
| PREFERRED METHOD OF RESPONSE | ∷ □ E-mail | □ USPS | | |
| DESCRIPTION OF PROJECT: | | | | |
| | | COST OF PROJECT: \$ | | |
| Owner of Record (if different than applicant) | | | | |
| Property Address | City | State | Zip Code | |
| Parcel ID | | | | |
| Mailing Address (if different than property address) | City | State | Zip Code | |
| ereby certify that all information provided herein is true a quire a Municipal Land Use Permit from Liberty Townsh | | | that this project does not | |
| Applicant Signature: Property Owner's Represent | ative Da | te of Request | | |
| ZOI | NING OFFICER U | SE ONLY | | |
| | , | ed project to be undertaken nd use permit | , , | |
| ☐ IS REQUIRED — Please contact Liberty | • | | ning your project | |
| Signature of Zoning Officer | | te of Response | | |
| Printed Name of Zoning Officer | Te | lephone Number | | |