

**Luzerne County Re-zoning Application**

**Applicant Name:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Phone No:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Property Address (if different):** \_\_\_\_\_

**Parcel Identification Number:** Map: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_

**Present Zoning Classification of Property:** \_\_\_\_\_

**Present Use of Property:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Proposed Use of Property:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Proposed Zoning Classification of Property:** \_\_\_\_\_

**Please provide a brief justification for this application:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Applicant (PRINT)

\_\_\_\_\_  
Legal Owner of Property (PRINT)

\_\_\_\_\_  
Applicant (SIGN)

\_\_\_\_\_  
Legal Owner of Property (SIGN)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Phone Number

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Submitted on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.