

My designated representative to whom all communication concerning this matter should be directed is

Name _____

Address _____

Telephone _____

Signature of property owner of record:

Return completed application with a non-refundable fee to:

Attn: Zoning Hearing Board

Borough of Media

301 N. Jackson Street

2nd floor

Media, Pa. 19063

this section for Media Borough administrative use

Date received by Media Borough _____

Date of hearing _____

Disposition of matter
