SHOHOLA TOWNSHIP
159 Twin Lakes Road, Shohola, PA 18458
(570) 559-7394   (570) 559-7523 (fax)

APPLICATION FOR LERTA TAX EXEMPTION
PER ORDINANCE 75.

(For Office Use Only)

APPLICANT INFORMATION

By making this application, and affixing my signature below, I hereby give my consent and authorization to Shohola Township Officials to enter on my property for the purpose of conducting necessary inspections with respect to this application for tax exemption.

1. Please list all title owners’ of the eligible property below:

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<th>Name</th>
<th>Address</th>
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2. Location of eligible property (911 Address): ____________________________________

3. Tax Map I.D. Number:______________________________________________________________

4. Intended Use:   [ ] Commercial   [ ] Industrial

   Please specify the type of use as described by the Shohola Township Zoning Ordinance: _______________________________________________________________

5. Please list all applicable permits and approvals currently relating to the eligible property (including but not limited to: building, sewage, well, road encroachment, conditional use, and land development):

   [ ] Approved   [ ] Denied

   Date of Decision _________

   Reason for Denial (if denied) __________________________

   ____________________________________________________

   ____________________________________________________
6. Project Engineer (if applicable): ____________________________________________
Address/Phone: __________________________________________________________________

7. General Contractor (if applicable): ____________________________________________
Address/Phone: __________________________________________________________________

8. A general description of the construction and/or improvement(s) for which exemption is claimed (including the type, nature, and extent of such construction/improvement(s): ____________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

9. Date of issuance of building permit for the construction/improvement(s) set forth above (or if no building permit required, the date upon which commenced or is expected to commence):
________________________________________________________________________

10. Actual Cost (or estimated anticipated cost) of construction/improvement(s) for which exemption is claimed: ____________________________________________

By signing below, I certify that I am authorized to make this application on behalf of all title owners of the real property that is the subject application, that the information contained herein is true and correct to the best of my knowledge, and that I have reviewed and am familiar with the requirements of Ordinance 75 of Shohola Township.

Dated: ________________________
Print name: ____________________