



Bureau of Planning and Zoning
435 Hamilton Street
Allentown PA 10101-1699
(610) 437-7630 Fax (610) 437-8781

60 DAY WAIVER

APPLICATION NUMBER _____

PROPERTY ADDRESS _____

I hereby waive the requirement in the Municipalities Planning Code to hold a hearing for my case before the Allentown Zoning Hearing Board within sixty (60) days of my application date.

DATE _____ SIGNATURE _____