

## **Request for PRD Hearing:**

Applicants Name:	
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City & Zip:	
	Cell Phone:
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Owners Name:	
	Cell Phone:
Proposed Plan Name	
Troposed Fran Name:	
Property Location (Address):	
Lot Size:	Zoning District:
To the Township Supervisors, I (we	) the undersigned do hereby appeal to the Township
Supervisors for review of our PRD f	or,
PRD Requested:	
I (we) certify that the information pro	ovided is true and correct to the best of my (our) knowledge.
Signature/Owner	Date
I hereby grant an extension of the time to hold a hearing until the	
(2 months from date of applicatio	n)
Signature	Date

**Application Fee - \$1000.00**