



Zoning District Change Request for Hearing

Name: _____ Date: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip code: _____

Attorney: _____ Name: _____

Address: _____ Phone: _____ Fax: _____

City: _____ State: _____ Zip code: _____

I (we) request that a determination be made by the (Board of Supervisors) (Zoning Hearing Board) on the following request:

A Zoning District Change is requested from _____ to _____

Location: _____

Present use: _____

Lot size: _____ Map & Parcel Number: _____

Have any previous applications been filed in connection with this property? Yes _____ No _____

If Yes, please describe with dates and disposition:

I (we) believe the Board should approve this request because:

I hereby certify that the above is true and correct to the best of my knowledge:

Signature: _____ Date: _____

A proposed amendment or petition shall be written as proposed to be adopted. Revisions to the Zoning Map shall be specified in writing, citing boundaries, including *Bearings and Distances*. All additional information as outlined in the *Township Zoning Ordinance* and the *Pennsylvania Municipalities Planning Code*, shall be included also.

Rezoning Fee: \$2,000.00 or actual cost incurred by the Township, or whichever is greater.

O F F I C I A L U S E O N L Y

Dates Advertised: _____ Planning Commission: _____

Date Fee Paid: _____ Date Posted: _____ Date of Hearing: _____