

TOWAMENCIN TOWNSHIP

1090 Troxel Road
PO Box 303
Kulpsville, PA 19443-0303
215/368-7602 FAX: 215/368-7650

**APPLICATION
TO THE
TOWAMENCIN TOWNSHIP
BOARD OF SUPERVISORS
ZONING AMENDMENT
REQUEST**

1. PROPERTY

- A. Address: _____
- B. Block: _____ Unit: _____ Parcel No.: _____
- C. Zoning Classification: _____
- D. Public Water: Yes _____ No _____ Public Sewer: Yes _____ No _____
- E. Present improvements to property: _____

- F. Present use of property: _____

- G. Proposed improvements to property: _____

- H. Proposed use of property: _____

- I. Previous Zoning Hearing Board action relative to this property? Yes _____ No _____ Application No: _____
Nature of zoning relief granted: _____

2. OWNER

- A. Name: _____ Phone No: _____
- B. Address: _____

3. APPLICANT

- A. Name: _____ Phone No.: _____
- B. Address: _____
- Applicant's interest in property: Legal Owner _____ Equitable Owner _____ Tenant _____
- Other (specify): _____

4. ATTORNEY:

- Representation by legal counsel? Yes _____ No _____
- Name: _____ Phone No: _____
- Address: _____

5. ZONING TEXT AMENDMENT

A. Section of Zoning Ordinance involved: _____

6. ZONING MAP AMENDMENT

A. Existing Zoning District: _____

B. Proposed Zoning District: _____

7. DESCRIPTION OF RELIEF SOUGHT: _____

8. APPLICATION MUST INCLUDE SUBMISSION OF ALL OF THE FOLLOWING:

- A. Original and twenty one (21) copies of Application and Text Amendment.
- B. Twenty two (22) copies of Site Plan/Plot Plan of the property, accurately drawn to scale and depicting location, dimensions and setbacks, and current and proposed improvements.
- C. Twenty two (22) copies of property deed and proof of equitable ownership if applicable.

NOTE: Failure to provide the required fee and all of the requested information and documentation, per the instructions of this form, will result in return of the application.

All plans/exhibits to be submitted in evidence at the hearing must be foldable to a size suitable for filing in an 8 1/2" x 14" space.

I, the undersigned, herewith declare the information stated herein and the additionally submitted documentation to be true and correct facts to the best of my knowledge or information and belief. I understand that false statements are made subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities.

Applicant's Signature: _____

Date: _____

I authorize the applicant as listed above to present this petition on my behalf.

Owner's Signature: _____

Date: _____

COSTS INCLUDE APPLICATION FEE PLUS ADVERTISING COSTS

<u>FOR OFFICIAL USE ONLY</u>		
Date Application Received: _____	Application No. _____	
Fee Amount: _____	Check No. _____	Received By: _____
Escrow Amount: _____	Check No. _____	Signature of Zoning Officer: _____