

TOWAMENCIN TOWNSHIP

1090 Troxel Rd,
Lansdale, PA 19446.
Phone: (215) 368-7602 Fax: (215) 368-7650
info@towamencin.org

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: _____ Email: _____

B. Address: _____ Phone No: _____

3. APPLICANT

A. Name: _____ Email: _____

B. Address: _____ Phone No: _____

Applicant's interest in property: Legal Owner Equitable Owner Tenant

Other (specify): _____

4. ATTORNEY

Representation by legal counsel? Yes No

A. Name: _____

Email: _____

B. Address: _____

Phone No: _____

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 ½” 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

FOR OFFICIAL USE ONLY

Date Application Received: _____

Application No. _____

Fee Amount: _____

Check No. _____

Received By: _____

Escrow Amount: _____

Check No. _____

Signature of Zoning Officer: _____