

# East Pennsboro Township

## Zoning District Change/Zoning Amendment Application

Zoning District Change

Zoning Amendment

Curative Amendment

Applicant: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Property Address: \_\_\_\_\_

Tax Parcel: \_\_\_\_\_

Property Owner's Attorney: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Current Zoning District: \_\_\_\_\_

Requested Zoning Change: \_\_\_\_\_

Existing Use of Land and/or Buildings on Property: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Proposed use of Land and/or Buildings on Property: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Zoning of Properties Abutting and/or Opposite the Subject Property: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Existing Use(s) of Properties Abutting and/or Opposite the Subject Property: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Proposed Rezoning Area in Acres: \_\_\_\_\_

Public Water: Yes  No

Public Sewer: Yes  No

ATTACH a written justification for this request, which demonstrates consistency with the Township Comprehensive Plan.

ATTACH a plot plan to include recorded restrictions showing the total area of the property, adjoining landowners' names, property lines, location of existing and proposed buildings, building setback lines (existing and proposed), off-street parking areas, public utilities, access to public streets and the location of any Zoning District Boundaries.

ATTACH a list of all abutting properties with release statements from the same.

ATTACH a copy of the current ordinance text.

ATTACH a copy of the proposed change to ordinance text.

ATTACH a narrative describing all of the reasons supporting the request for rezoning.

ATTACH a copy of deed and legal description by metes and bounds of the subject property.

PROVIDE 20 copies of this application and all associated documents along with a PDF of the FULL submission.

I, the undersigned, do hereby certify to the best of my knowledge that all information on and attached to, the application is true and correct. I further understand that I am responsible for all costs associated with this request; including, but not limited to, filing fees, mailings and advertising.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*If applicant is not the property owner, a letter authorizing the agent to make application must be attached as part of the application package.*

**Office Use Only**

File Number: _____	Received By: _____	
Date Received: _____	Complete Application Date: _____	
Application Payment Type: _____	Amount: _____	Tracking #: _____
60-Day Hearing Deadline: _____		
Planning Commission Public Meeting Date: _____		
Cumberland County Planning Commission Review Date: _____		
BOC Public Hearing Date: _____		
45-Day Decision Deadline: _____		
BOC Review: _____		
BOC Decision: _____		