

Application for Ordinance Amendment or District Change

Office Use Only					
Tracking Number	Date Received	Fee Paid	Date of Brd Review	Date Approved/Denied	Section/Township (District Change)

For ordinance amendments, the applicant must submit text for recommended change. For district changes, the applicant must submit a survey if the proposed district boundary is not described in terms of an aliquot part(s). Additional information will be required upon request of the Zoning Commission, Board of Supervisors or Board of Health. In addition, please attach any other information that you believe will be helpful in reviewing your application.

Please Print All Information.

1. Applicant Information			2. Property Owner Information (For District Change Only & if different than Block 1)		
First Name	Last Name		First Name	Last Name	
Company Name			Company Name		
Address			Address		
City	State	Zip	City	State	Zip
Phone Number (area code)	Fax or E-mail	Cell Phone	Phone Number (area code)	Fax or E-mail	Cell Phone
3. Type of Request	4. Legal Description (For district change only)				
<input type="checkbox"/> Environmental Health Amendment <input type="checkbox"/> Zoning Amendment <input type="checkbox"/> Zoning District Change					
5. Citation or standard (For ordinance amendments only)					
6. Zoning District (For district change only)					
Current Zoning District			Proposed Zoning District		
7. Summary of Fact (Reason for amendment or district change). Provide additional pages if necessary.					

I hereby attest the truth and accuracy of all facts and information presented on this application and as part of this application.	
Applicant Signature:	Date:
Owner Signature (For district change only, unless same as applicant):	Date: