

**SOUTH FRANKLIN TOWNSHIP
FORMAL APPLICATION FOR A CHANGE IN ZONING**

Applicant's Name: _____

Address: _____

Telephone: _____ Fax: _____

Date of Application: _____

Check One: Owner of Record Option Holder
 Agent for the Owner Other

If other, list relationship: _____

If not the owner of record, list the owner of record's name and address

(Please note that a letter of authorization from the owner of record is required)

Name: _____

Address: _____

Location of the property where change is requested:

Tax Parcel Number _____ Municipality _____

How many lots of record are included in this petition? _____

Current zoning district: _____

Proposed zoning district: _____

Proposed text amendment: _____

Are there deed restrictions that would prohibit rezoning or other use(s)? _____

Describe the proposed development of this property: _____

Reasons for requesting change of zoning (Please list all proposed activities): _____

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List other notes or comments which may be helpful in explaining your request for a change in zoning: _____

I, the undersigned owner, lessee, or _____, do hereby request a zoning amendment to the South Franklin Township and Green Hills Borough Joint Zoning Ordinance as listed. (In addition, I hereby consent to the posting of hearing notices on or adjacent to said property understanding that no undue damage will be incurred.) Attached are the following:

1. Typed copy of the legal description of the property.
2. A copy of the Washington County Tax Map showing the property referred to in this application and all streets, lots, and parcels of land within 300 feet of the subject property.

Signature of Applicant: _____

STOP! FOR OFFICIAL USE ONLY

FEE AMOUNT: _____ Paid on: _____

Staff review and recommendation to the Planning Commission: _____

Date of Planning Commission Review: _____

Planning Commission Recommendation: _____ Recommended _____ Not Recommended

_____ Not Applicable

Remarks: _____

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Date of Joint Planning Commission Review: _____

Joint Planning Commission Recommendation: _____ Recommended _____ Not Recommended
_____ Not Applicable

Remarks: _____

Date of Washington County Planning Commission Review: _____

Washington County Planning Commission Recommendation: _____ Recommended
_____ Not Recommended _____ Not Applicable

Remarks: _____

Dates: Publication: Publication _____ Hearing: _____

Approved: _____ or Rejected _____ by Council on: _____

Approved: _____ or Rejected _____ by the Board of Supervisors on: _____

OTHER NOTES: _____

