

**APPLICATION for CHANGE of ZONING
CLASSIFICATION/DISTRICT**

PENN TOWNSHIP, BUTLER, COUNTY

DATE _____

This application must be completed and accompanied by the information specified, and signed by all legal landowners of the property requested for rezoning. If an agent other than an attorney makes application, a written power of attorney must be attached.

Applicant: _____

Mailing Address: _____

Phone Number: _____ Fax: _____

Property Owner(s): _____

Mailing Address: _____

Phone Number: _____ Fax: _____

Parcel Information: (TaxId) _____

Existing Zoning _____ Proposed Zoning _____

Existing Land Use _____ Proposed Land Use _____

The above information, to my knowledge and belief, is true and correct.

Signature of applicant

The undersigned owner(s) of the parcel number(s) listed above hereby request the consideration of change of zoning classification as specified.

Signature(s) of Property Owner(s)

The following supporting information must be submitted:

1. A map of the real estate involved, prepared by an engineer or surveyor at a scale of 1"=100', which shows the location and size of existing lots, buildings, easements, drives, and street on the property, and streets directly adjacent to the property.
2. A legal description of the property involved.
3. A vicinity map showing property lines, streets, and existing zoning within a one-quarter mile radius from the property involved.
4. A list of all property owners within three hundred (300) feet of the property, and their mailing addresses as indicated on township tax records.
5. The fee is \$500.00.

Filing Date _____

Planning Commission Review date _____

Supervisors Hearing _____

Date Approved _____

Date Denied _____