

Fallowfield Township Board of Supervisors
Application for Zoning Change

Application is hereby made for a Zoning change and the following information is being submitted.

1. Owners Name: _____

Address: _____ Ph. No. _____

2. Property Information:

Attach a sketch of the property showing property lines with footage and bearings and including streets, roadways, and existing buildings.

Attach a deed description for advertising.

Deed is recorded in the Recorder of Deeds Office Washington County Deed Book Vol.____Pg.____

Tax Map No. 320-_____

3. Present Zoning of property: _____

4. Requested Zoning Change: _____

5. Present use of Premises: _____

6. Proposed Use: _____

Date: _____ Owners Name: _____

Date: _____ Applicants Signature: _____

Submit fee of \$_____ for each application. Checks payable to: **Fallowfield Township**

The above items and all supporting documents need to be completed before any action is taken on this Application. Once all documents have been received a Public Hearing will be scheduled at the next Monthly Meeting, after the Legal Advertising has been placed.

For Office Use Only

Date Received: _____

Fee Received: _____ Received by: _____

Notice: The information in this Document is subject to disclosure with a right to know request.