

APPLICATION FOR ZONING AMENDMENT
North Shenango Township
11586 Linn Road - Espyville, Pa. 16424
Office 724-927-2568 Fax 724-927-9447

Application No. _____

Fee Paid _____

The undersigned, owner (s) of the following legally described property, hereby request the consideration of a change in zoning district classification as specified below:

1. Name of Applicant _____

2. Mailing Address _____

3. Phone Number: Home _____ Business _____

4. Location description and lot number of property proposed for a change in zoning under this application:
Property _____

5. Present Zoning District in which property is located _____

6. Description of existing use of the property

7. Proposed Zoning District

8. Proposed Use:

9. Supporting information: (Attach the following items to the application)
- A. Vicinity map showing property lines, streets, and existing and proposed zoning.
 - B. List all property owners' names and address within, contiguous to, and directly across the road from the proposed rezoning.
 - C. Statement of how the proposed rezoning relates to the Township's Comprehensive Plan.

Applicant Signature

Date

For Official Use Only
Zoning Amendment

File Number _____

Date Filed _____

Fee Paid: Cash _____ Check No. _____

Received by _____

Dates of Notice in newspaper.

1st _____ 2nd _____

Date of public hearing _____

Date sent to County Planning _____

Decision of County Planning Commission: Approved _____ Denied _____

Comments _____

Date sent to Township Planning _____

Decision of Township Planning Commission: Approved _____ Denied _____

Comments _____

Date of decision of Board of Township Supervisors _____

Approved _____ Denied _____

Chairman _____ Date _____

Vice Chairman _____ Date _____

Supervisor _____ Date _____