



## RE-ZONING APPLICATION

PROJECT NAME TO BE COMPLETED BY TOWNSHIP: \_\_\_\_\_

NAME OF APPLICANT: \_\_\_\_\_

DATE OF APPLICATION: \_\_\_\_\_ APPLICATION # \_\_\_\_\_

LOCATION OF PROPERTY: \_\_\_\_\_

TAX PARCEL ID NUMBER: \_\_\_\_\_ ZONING DISTRICT: \_\_\_\_\_

**APPLICATION REQUIRED FOR:**

\_\_\_\_\_ ZONING MAP REVISION

\_\_\_\_\_ LANGUAGE OR TEXT REVISION

\_\_\_\_\_ LAND USE REVISION

APPLICANT'S NAME: \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

OWNER OF RECORD: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

PROJECT ATTORNEY: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

PROJECT ENGINEER \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_



<b>BASIS FOR RE-ZONING APPLICATION</b>	
<b>ZONING MAP, DISTRICTS, OR SECTIONS INVOLVED</b>	<b>PROVIDE A BRIEF DESCRIPTION OF ACTION REQUESTED</b>

**THE APPLICANT SHALL SUBMIT THE FOLLOWING DOCUMENTATION WITH THIS APPLICATION:**

- (1) ONE (1) ORIGINAL APPLICATION.**
- (2) TEN (10) COPIES OF A PLOT PLAN OR TAX MAP, ACCURATELY DRAWN TO SCALE.**
- (3) TEN (10) COPIES OF A SKETCH PLAN ILLUSTRATING THE ACTION REQUESTED.**
- (4) A CD OF ALL FILES SUBMITTED WITH APPLICATION. PDF FILE OF PLAN REQUIRED.**
- (5) PHOTOGRAPHS OF THE PROPERTY.**
- (6) PROOF OF OWNERSHIP OR THE RIGHT TO UTILIZE THE PROPERTY FOR THE ACTION REQUESTED.**
- (7) THE REQUIRED APPLICATION FEE AS PRESCRIBED BY CALN TOWNSHIP.**
- (8) TOWNSHIP WILL PROVIDE LIST OF NAMES AND ADDRESSES OF ALL PROPERTY OWNERS.**
- (9) A DETAILED WRITTEN DESCRIPTION OF THE ACTION REQUESTED BY THIS APPLICATION.**



I \_\_\_\_\_ (AUTHORIZED REPRESENTATIVE OF THE APPLICANT) HEREBY REQUEST REVIEW OF THIS APPLICATION BY CALN TOWNSHIP. TO THE BEST OF MY KNOWLEDGE, ALL OF THE INFORMATION CONTAINED WITHIN THIS APPLICATION IS TRUE, CORRECT AND COMPLETE.

- (1) I HEREBY PERMIT ANY ELECTED, APPOINTED AND/OR ASSIGNED STAFF MEMBER OF CALN TOWNSHIP TO ENTER THE EXTERIOR PREMISES OF THE PROPERTY, IN WHICH THIS APPLICATION PERTAINS, FOR THE PURPOSES OF CONDUCTING SITE INSPECTIONS WHILE THE PROPOSED APPLICATION IS BEING CONSIDERED BY CALN TOWNSHIP.
- (2) I HEREBY AGREE TO PAY ALL CONSULTANT, ADMINISTRATIVE AND/OR APPLICATION FEES REQUIRED FOR THE REVIEW OF THIS APPLICATION.
- (3) I HEREBY AGREE TO COMPLETE AND SUBMIT TO CALN TOWNSHIP, THE CHESTER COUNTY REFERRAL FORM WITH THIS APPLICATION.
- (4) I HEREBY UNDERSTAND THAT THE CALN TOWNSHIP BOARD OF COMMISSIONERS ARE NOT OBLIGATED TO APPROVE THIS RE-ZONING APPLICATION.

\_\_\_\_\_  
 SIGNATURE OF APPLICANT OR AUTHORIZED REPRESENTATIVE

\_\_\_\_\_  
 DATE OF APPLICATION

\_\_\_\_\_  
 SIGNATURE OF WITNESS

\_\_\_\_\_  
 DATE

**FOR MUNICIPAL USE ONLY**

**AUTHORIZED STAFF MEMBER:** \_\_\_\_\_

APPLICATION NAME: \_\_\_\_\_ APPLICATION # \_\_\_\_\_

SUBMISSION DATE: \_\_\_\_\_ SUBMISSION NUMBER: \_\_\_\_\_

CALN TWP. FEE: \_\_\_\_\_ CHECK NUMBER: \_\_\_\_\_ DATE: \_\_\_\_\_

OTHER APPLICATION FEES: \_\_\_\_\_

DATE APPLICATION WILL BE REVIEWED BY TOWNSHIP PLANNING COMMISSION: \_\_\_\_\_

DATE APPLICATION WILL BE CONSIDERED BY THE TOWNSHIP BOARD OF COMMISSIONERS: \_\_\_\_\_

APPLICATION COMPLETENESS REVIEW: \_\_\_\_\_ DATE: \_\_\_\_\_