



Washington Township, Dauphin County

185 Manors Road, Elizabethville, PA 17023

Phone: 717-362-3191 Fax: 717-362-4110

Email: washingtontownship@wtwp.org

Application for Amendment to Zoning Ordinance

Date Applied For: _____

Name of Applicant Street Address City State Zip

Name of Landowner Street Address City State Zip

Applicant Phone Number: _____ Land Owner's Phone Number: _____

Applicant's Attorney Street Address City State Zip

Attorney's Phone Number: _____

Property Information (property corners must be marked with flags):
 Present Zoning District: _____ Tax Map & Parcel Number: _____
 Property Location: _____

Type of Request:

Rezone property listed above from _____ to _____.
 (Present Zoning District) (Requested Zoning District)

Existing use of land/building(s) is: _____

Proposed use of land/building(s) is (describe in detail): _____

Applicant requests a text change as follows: _____

(attach sheet if necessary)

1. Attach a written statement describing how the proposed amendment better provides for attaining the Community Development Objectives of this Ordinance, and is in accord with the Future Land Use Plan and related provisions of the Comprehensive Plan of Washington Township; or describing how conditions and related objectives of the Township have, or should have, changed, or were improperly assessed, such that the proposed amendment would be in accord with current, proper development objectives and planning for Washington Township.

2. Applications proposing a zoning district boundary change must include the following:

A. A plat of subject land area:

- * readily identifying its location within the Township.
- * showing each parcel of land and owner thereof.
- * describing the perimeter land boundaries by dimensions and bearings.
- * showing all existing buildings and uses thereof, and any other land uses.
- * showing the ownerships and uses of all abutting and opposite lands.
- * showing major natural features of the subject land.
- * showing existing Zoning District(s) for subject land.
- * showing existing Zoning District(s) for all abutting and opposite lands.
- * showing Zoning District(s) proposed for subject land.

I hereby certify that the proposed change is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent. I hereby certify that all of the statements on this application, and the statements contained in any papers submitted herewith are true and to the best of my knowledge and belief.

Applicant's Signature: _____ Date _____