



## APPLICATION FOR ZONING CHANGE

You are hereby requested to hold a public hearing to consider an amendment or amendments to the Zoning Ordinances of Upper Dublin Township for the reasons hereinafter set forth:

**APPLICANT:** \_\_\_\_\_  
(Must be owner or equitable owner; state which)

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

TELEPHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**PROPERTY OWNER:** \_\_\_\_\_

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

TELEPHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**LOCATION & DESCRIPTION OF AREA TO BE REZONED:**

**PRESENT ZONING CLASSIFICATION:** \_\_\_\_\_

**ZONING CLASSIFICATION REQUESTED:** \_\_\_\_\_

**DESCRIBE PROPOSED USE OF PROPERTY IF REZONED:** \_\_\_\_\_

Attach ten (10) maps of the area, showing tract for which rezoning is requested, with a site plan of property covered by application. Applications for commercial, industrial or multiple residential developments must be accompanied by detailed drawings showing locations of road entrances, building locations and other land features pertinent to consideration of application.

If applicant is equitable owner, a conformed copy of agreement of purchase may be required (give exact location and deed reference).

\_\_\_\_\_  
Application Date

\_\_\_\_\_  
Applicant's Signature