

ADAMS TOWNSHIP

690 Valencia Road, P.O. Box 837, Mars, PA 16046 Phone: 412 625-2221 Fax: 412 625-4077

Request for Hearing

Zoning District Change

Name: _____ Date: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip code: _____

Attorney: _____ Name: _____

Address: _____ Phone: _____ Fax: _____

City: _____ State: _____ Zip code: _____

I (we) request that a determination be made by the *(Board of Supervisors) (Zoning Hearing Board)* **on the following request:** *(choose one)*

A Zoning District Change is requested from _____ to _____

Location: _____

Present use: _____

Lot size: _____ Map Number: _____

Have any previous applications been filed in connection with this property? Yes _____ No _____

If Yes, please describe with dates and disposition: _____

I (we) believe the Board should approve this request because: _____

I hereby certify that the above is true and correct to the best of my knowledge:

Signature: _____ Date: _____

A proposed amendment or petition shall be written as proposed to be adopted. Revisions to the Zoning Map shall be specified in writing, citing particular boundaries, including *Bearings and Distances*. all additional information as outlined in the *Township Zoning Ordinance* and the *Pennsylvania Municipalities Planning Code*, shall be included also.

Rezoning Fee: \$300 or actual cost incurred by the Township, or whichever is greater.

Official Use Only

Dates Advertised: _____ Planning Commission: _____

Date Fee Paid: _____ Date Posted: _____ Date of Hearing: _____