

East Allen Township
5344 Nor-Bath Boulevard, Northampton, PA 18067
Phone (610) 262-7961 Fax (610) 262-8788

PETITION TO AMEND ZONING

Date _____ Tax Map # _____ Permit # _____

_____ Petition to Amend Text of Zoning Ordinance _____ Petition to Amend Zoning District Map

1. Applicant/Petitioner

Name: _____
Address: _____

Telephone: _____
Fax: _____
E-Mail: _____

Property Owner

Name: _____
Address: _____

Telephone: _____
Fax: _____
E-Mail: _____

2. If the Applicant is not the legal owner, proof of equitable ownership must be provided with and attached to this Petition (Example: copy of your Agreement of Sale or Lease must be attached).

3. Professional Services Representatives

Attorney

Name: _____
Address: _____

Telephone: _____
Fax: _____
E-Mail: _____

Architect/Engineer/Designer

Name: _____
Address: _____

Telephone: _____
Fax: _____
E-Mail: _____

4. Property Description

Tax Parcel Numbers:

Location (Address/Intersection of Cross Street, General Area): _____

Present Zoning: _____

Total Land Area (Acres): _____ (Square Feet): _____

Present Land Use and Any Existing Improvements on the Land: _____

5. Project Description

- A. If requesting a zoning ordinance text amendment, describe current ordinance section number(s) to be amended and attach proposed language to be added to or deleted from the zoning ordinance:

- B. If requesting a change to the zoning district map, provide a copy of a map marked with the change requested: _____

6. Site Plan requirement

A detailed site plan is required at the time of filing of this Petition. The site plan must:

- A. Show the entire layout of the affected property with all buildings, structures, drives, parking areas, north arrow and uses related to or proposed with the type of petition you are presenting clearly indicated on the site plan.
- B. Show adjacent properties within ½ mile of the property seeking the re-zoning. The site plan must indicate the zoning districts and land uses of the adjacent properties.

7. Statement of Reasons to Justify Requested Change of Zoning: _____

8. I agree to sign and comply with the terms and conditions of the East Allen Township "Professional Services Escrow Agreement" and to fund the escrow amount required therein.

The above information is true and correct to the best of our knowledge, information and belief. These statements herein are made subject to the penalties of 18 Pa.C.S.A. §4904 relating to unsworn falsification to authorities.

Applicant Signature

Owner Signature

Print Applicant Name

Print Owner Name

Date: _____

Date: _____