Submission deadline date: _____Fee Due: $_____

APPLICATION FOR AMENDMENT TO ZONING MAP (Rezoning)

To the Board of Supervisors

1. Name of Applicant: _____
   Address:_____
   (Street) (City) (State) (Zip Code)
   Home Phone: _____ Business Phone: _____

2. Name of Owner: _____
   Address: _____
   (Street) (City) (State) (Zip Code)
   Home Phone: _____ Business Phone: _____

3. Name of Attorney: _____
   Address: _____
   (Street) (City) (State) (Zip Code)
   Business Phone:_____ E-mail address: _____

4. The subject property is located as follows, include street address, tax parcel number, and a narrative of the general location:
   _____
   _____
   _____

5. Existing use of land and/or buildings: _____
   _____

6. Proposed use of land and/or buildings: _____
   _____

7. Existing Zoning District: _____ Proposed Zoning District: _____
   (include a map showing the existing and proposed zoning district)

8. Reason for the proposed rezoning, include a site plan of proposed improvements to the property to be rezoned:
   _____
   _____
   _____

NOTE: The site plan must include property lines, lot dimensions, proposed and existing building(s), front, side and rear setback lines, off-street parking areas, and existing use of abutting properties.

_____ _____
(Date submitted) (Signature of Applicant)

_____ _____
(Date) (Signature of Owner)

OFFICE USE ONLY

Date received: _____ Fee Paid: $_____ Case No. _____
Date of Board of Supervisors Meeting: _____ Date of Planning Commission Meeting _____
Date Sent to Dauphin County Planning Commission for Review: _____ Comments Received _____
Publication date: _____ Newspaper: _____ Date of Hearing: _____