



Application For Zoning Approval Form

TO: (choose one)

_____ Planning Commission
_____ Zoning Administrator
_____ Zoning Board of Appeals

BY:

Applicant Name

Applicant Address

City, State, Zip Code

Phone Number

E-mail Address

Internal Use Only:

Date Rec'd:
Tax Parcel #:
Fee Collected:
Meeting Date:
Action:
Date:
Expiration:
Rec'd By:

***Additional fees for professional services
such as planning, engineering, and
attorney will be paid for by applicants
escrow account.***

ACTION REQUESTED:

_____ Site Plan Approval	_____ Zoning Appeal
_____ Zoning Variance	_____ Zoning Interpretation
_____ Rezoning	
_____ Administrative Site Plan Review (allowed under certain conditions- see Zon Ord Section 3.21.C.8.9 and 10)	
_____ Special Use Permit (See Zoning Ordinance Section 3.30 for process and details)	

1. PROPERTY INFORMATION:

Property Owners Name: _____

Property Address: _____

Zonong District of Property: _____

Parcel Number: _____

Property Acerage: _____

Property Legal Desc. (or attach) _____

Application For Zoning Approval Form (Cont.)

PROPERTY INFORMATION CONT:

Existing Land Use: _____

Estimated Date of Completion: (if applicable) _____

Hours of Operation: (if applicable) _____

Name and address of other persons, firms or corporations having a legal or equitable interest in the land: _____

Must attach 12 copies of the complete site plan with ALL information required by the current Williams Township Zoning Ord. Section 3.21

2. STATEMENT OF JUSTIFICATION FOR REQUESTED ACTION:

State Specific Reason(s) for the request at this time: _____

Attach statement of support for your request justified with a narrative description to be attached to this application to address the approval standards applicable to your request in the Williams Township Zoning Ordinance and General Development Plan.

3. AFFIDAVIT

The Applicant affirms that if this request is granted, construction and/or operation in accordance with the plans submitted will begin within ____ months from the date of the granting of the zoning approval requested. Said construction will be completed within ____ year(s) from said date, and that the answers and statements contained herein and the information herewith submitted are in all respects true and correct to the best of my knowledge and belief.

Applicant Signature Date

Print Name

Applicant Signature Date

Print Name

Please Note:

Additional fees incurred for professional services such as planning, engineering, and attorney will be withdrawn from escrow account deposit made at time of application submittal. Quarterly statements will be sent to applicant. If balance gets low, a deposit will be required.