

ZOA Docket # _____ Date received _____ Fee \$ _____

ZONING ORDINANCE AMENDMENT APPLICATION

Lower Allen Township Community Development Department
2233 Gettysburg Road, Camp Hill, PA 17011
Phone: 717-975-7575 Fax: 717-975-2287 www.lower-allen.pa.us

Note: This form is intended for use by applicants who wish to prepare and propose amendments to the text of the Lower Allen Township Zoning Ordinance or Zoning Map for consideration by the Board of Commissioners (BOC). Applications will be processed in accordance with resolutions of the BOC establishing procedural guidelines, and requirements of the PA Municipalities Planning Code (MPC) for enactment of zoning ordinance amendments. A landowner who desires to challenge the validity of the zoning ordinance or zoning map on substantive or procedural grounds shall submit a written request in accordance with MPC requirements for landowner curative amendments, rather than using this form.

APPLICANT NAME & ADDRESS: _____

PHONE # _____ FAX # _____

EMAIL _____

PURPOSE OF APPLICATION: TEXT AMENDMENT MAP AMENDMENT

If text amendment, submit attachments that:

1. Explain the reasons for this proposal.
2. Provide proposed replacement text consistent with the codified ordinances format.

If map amendment, submit attachments that:

1. Identify all subject properties by Cumberland County tax parcel identification number, street address (if assigned), plot plan and metes and bounds description.
2. Identify owners of all subject properties.
3. Identify interest of any applicant who is not the property owner.
4. Identify the existing land uses on subject property.
5. Identify the current and proposed zoning district designation of subject property.
6. Explain the reasons for this proposal.