



PETITION TO AMEND THE HOPEWELL TOWNSHIP ZONING ORDINANCE AND/OR AMEND THE ZONING MAP

DIRECTIONS FOR SUBMITTING THE PETITION

1. Complete the application. Please print legibly or type the information.
2. Sign and Date the application.
3. Submit the application to the Township's Zoning/Permits Officer with original signatures of the applicant and the owner. The application **must** contain written documentation for the proposal to amend, supplement, change, modify, or repeal the Hopewell Township's Zoning Ordinance and/or Zoning Map.
4. Attach appropriate drawings, plans, and/or illustrations, which help explain your request. Ten (10) copies of the proposed plan, a minimum size of 18"x 24", must be submitted with the application. All materials submitted with this application or entered as Exhibits during the hearing become the property of Hopewell Township and are kept with this application.
5. The application and all additional materials submitted with the application must be originals. The Township will not accept fax copies of any materials associated with this application.
6. Complete applications are due by the first (1st) business day of the month in which the application will be considered by the Township Board of Supervisors. If the application submitted is not complete, the Township reserves the right to immediately deny the application and return it to the applicant without the Planning Commission's and the Board of Supervisor's review and action on the application.
7. There is an application fee for a petition to rezone and/or amend the Zoning Ordinance. The application will not be accepted if the fee is not included. **The fee is currently \$650 plus all costs incurred over this amount by the Township.** All additional fees must be paid in full by the applicant. Fees are subject to change at any time by Resolution from the Board of Supervisors. Checks shall be made payable to Hopewell Township.

I/We have read and understand the directions:

Signature

Date

Print Name



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Hopewell Township
415 Three Square Hollow Road
Newburg, PA 17240
Hopewelltownshipcc.com

Office: 717-423-6582
Fax: 717-423-6019
Office Hours: M-Th 8:30 AM – 3:30 PM

Date Received: _____

HT File #: _____

PURPOSE OF THE PETITION: Text Amendment Map Amendment

Property address/location(s) _____

Tax Parcel Number(s) _____

Current Zoning District(s) _____

TEXT AMENDMENT

For Petitions to amend the Hopewell Township Zoning Ordinance, the following information shall be provided:

1. Describe the purpose of this request _____

2. Reference all relevant sections of Article 15 of the Township Zoning Ordinance _____

3. Provide proposed replacement text in codified ordinance format.

MAP AMENDMENT

For Petitions to amend the Hopewell Township Zoning Map, the following information shall be provided:

1. Provide a complete legal description and surveyed plot plan of the property. The plot plan sheet shall be a minimum size of 18"x 24". The legal description shall include a copy of the deed, if the landowner(s) are not present then a power of attorney for rezoning of said property.
2. Proposed Zoning District _____
3. Describe the purpose of this request. Continue on a separate piece of paper, if necessary. _____

ZONING MAP/ZONING TEXT AMENDMENT PETITION

4. Current Use of the Property _____

5. Proposed use of the Property (if different from current use) _____

ADDITIONAL INFORMATION FOR ALL PETITIONS

List the name, address, and tax parcel number of all property owners affected by this proposal (to include all properties adjacent, adjoining, contiguous, and across the street from the subject property that will be affected by this proposal). Continue on a separate piece of paper, if necessary.

Name: _____
Address: _____
Tax Parcel ID: _____

Name _____
Address: _____
Tax Parcel ID: _____

Name: _____
Address: _____
Tax Parcel ID: _____

Name _____
Address: _____
Tax Parcel ID: _____

Name: _____
Address: _____
Tax Parcel ID: _____

Name _____
Address: _____
Tax Parcel ID: _____

Name: _____
Address: _____
Tax Parcel ID: _____

Name _____
Address: _____
Tax Parcel ID: _____

ZONING MAP/ZONING TEXT AMENDMENT PETITION

CONTACT INFORMATION

Applicant Information:

Name: _____ Phone: _____

Address: _____

E-mail: _____

HOW DO YOU WISH TO RECEIVE CORRESPONDENCE EMAIL MAIL

Property Owner Information (if different from the Applicant):

Name: _____ Phone: _____

Address: _____

E-mail: _____

Will the applicant (s) be represented by another person or counsel? Yes No

If yes, please provide their name, address, phone number & email address:

Name: _____ Phone: _____

Address: _____

E-mail: _____

SIGNATURE

I/We the undersigned applicant(s), do hereby make application to the Hopewell Township Board of Supervisors for the purpose of consideration of a petition to amend the zoning ordinance and/or zoning map for the above-referenced property pursuant to the Pennsylvania Municipalities Planning Code, (Act 247 of 1968, as amended), and Article 15 of the Ordinance of Hopewell Township, (as amended). My/Our signatures below certify that all of the above referenced statements and information and any additional information submitted and made part of this application are true and complete to the best of my/our knowledge and belief. By signing below, I also certify that I have read and understand the application procedure, and agree to pay all fees required to review and process this application.

Signature of Applicant/Authorized Representative
(if different than owner)

Date

Signature of Owner

Date

ZONING MAP/ZONING TEXT AMENDMENT PETITION

APPLICANT'S AFFIDAVIT

All applicants must complete this section. The form can be returned to the Township Building during regular office hours Monday through Thursday, 8:30 am to 3:30 pm at:

Hopewell Township
415 Three Square Hollow Road
Newburg, PA 17240

Applicant, being duly sworn, says he/she is: *(initial one)*

- _____ the owner of the property in question
- _____ the authorized agent for the owner of record of the property for which the Application is made. The owner's signature authorization to his/her/its agent to act on owner's behalf is required to be submitted.
- _____ a person aggrieved
- _____ an officer or agency of the municipality

The Applicant, the undersigned, hereby verifies that the statements made in this Application, and all information and exhibits provided with this Application, are true and correct to the best of Applicant's knowledge or information and belief. The applicant acknowledges that the Township or its representatives have not provided any legal representation and no opinion was rendered by the Township or its representatives as to the validity of the Applicant's prospects for relief. I understand that false statements herein are made subject to the penalties of 18 Pa. C.S.A. §4904 relating to unsworn falsification to authorities.

Individual Applicant:

Print Applicant Name

Signature of Applicant

Address

Phone #

Partnership/Corporate Applicant:

Name of Partnership / Corporation

By (print name of Signer and Title)

Signature of Applicant's Signer

(initials)

Applicant is advised that he/she/it should seek independent legal advice and may or may not consult the Municipal Planning Code.