

ZONING MAP AMENDMENT APPLICATION

1. List the names, addresses and phone numbers of all persons with an interest in the proposed property to be rezoned:

Name	Address	Phone
_____	_____	_____
		Email _____
_____	_____	_____
		Email _____
_____	_____	_____
		Email _____

2. Name of applicant's representative (if any), address, phone number:

Name	Address	Phone Number & Email
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3. Parcel # of proposed property to be rezoned: _____
Current Zoning Classification: _____ Proposed Zoning Classification: _____

4. Attachments: to be a complete submission, 15 copies of the following documents must be attached to this application:
- Attachment A** – A plan showing the extent of the area to be rezoned, streets bounding and intersecting the area, the land use and zoning classification of abutting properties , names and addresses of all abutting property owners.
 - Attachment B** – Prepare a statement giving the reason for the proposed amendment and identify the circumstances of abutting properties and any other factors pertinent to the application.
 - Attachment C** – A site plan to scale, indicating the location of proposed structures, types of uses, and areas for off street parking and loading, if the property is to be rezoned.
 - Attachment D** – A description of the metes and bounds of the proposed property to be rezoned.

FEES: \$1000.00 payable to Lower Salford Township (the application fee)
***Montgomery County Plan Review Fees billed directly to the Applicant after submitted by the Township**

5. Signature of all persons with an ownership interest in the property:

Signature	Printed Name	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

To be completed by Township at the time of acceptance of complete application:

Application date: _____ LST Planning Commission meeting date: _____
Township fee paid: _____ (Check #) _____
*Montgomery County Review Fees are billed directly to the Applicant after submitted by the Township

Received by: _____