

**APPLICATION FOR AMENDMENT OF ZONING ORDINANCE
(Request for Rezoning/With Map Change)
UPPER HANOVER TOWNSHIP**

Date of Application _____

1. Name of Applicant _____
Address of Applicant _____
Telephone Number of Applicant _____
E-Mail of Applicant _____
2. What is your interest/relation to the application? (e.g. Property Owner) _____

3. Property Owner (if other than Applicant) _____

Address of Property Owner _____

4. Name of Applicant's Representative _____
Address of Representative _____

Telephone Number of Representative _____
E-Mail of Representative _____
5. Description of area and properties proposed for rezoning (include street names and addresses, block and unit numbers and tax parcel numbers for all properties located within the area proposed for rezoning.)

6. State the existing Zoning District(s) classification for all properties located within the area proposed for rezoning:

7. State the proposed Zoning District classification to which the existing Zoning District is proposed to change: _____

8. Provide a statement of the circumstances in the proposed district and the abutting districts and any other factors on which the Applicant relies as reasons for supporting the proposed rezoning. _____

9. What is the approximate time schedule for the beginning and completion of development in the area?

10. Provide information about the market area to be served by the proposed development, if a commercial use, including population, effective demand for proposed business facilities and any other information describing the relationship of the proposed development to the needs of the market area.

REQUIRED ATTACHMENTS AND FILING DIRECTIONS

The following attachments shall be included as part of the application:

- A. A plan or map showing the extent of the area to be rezoned and the district to be affected, streets bounding and intersecting the area, land use and zoning classification of abutting districts.
- B. Photographs of the area to be rezoned and abutting areas.
- C. A site plan to scale indicating the location of structures, uses, areas for off-street parking and loading.
- D. If any attachment is larger than 11 x 17 a digital copy must also be submitted.
- E. An analysis with sufficient information regarding the impact on traffic, water supply, sewage disposal, environmental issues, and any other issues relevant to the proposal. This analysis would include, but is not limited to, an Environmental Assessment Statement, in compliance with Section 500-819, compliance with the Performance Standards of Section 500-1704, and submission of a Traffic Impact Study in compliance with Section 500-825.
- F. All reviews required by the Pennsylvania Departments of Transportation and Environmental Protection.
- G. Copy of Deed to property in question.
- H. Envelopes (#10 size) addressed to the addresses to which real estate tax bills are sent for each property located within the area proposed for rezoning with sufficient pre-stamped first-class mail postage attached.

I. Filing Fee payable to: UPPER HANOVER TOWNSHIP

Application Fee - \$750.00
Continued Hearing - \$250.00 each

Escrow Fee - \$2,000.00 - When the balance in the escrow amount falls below 25% of the original balance, the applicant is required to deposit additional funds to bring the balance up to the original amount.

Applicant will be billed after the hearing for 1/2 of the Stenographer appearance fee.

J. The Applicant shall file one (1) original and fourteen (14) copies for a total of fifteen (15) applications. All applications and attachments must be received by the Township office four (4) weeks prior to the requested hearing date.

K. The Applicant shall submit the MCPC Applicant Request for County Review form to the Township.

L. Montgomery County Application Fee will be billed by Montgomery County.

I hereby certify that all of the above statements and the statements contained in any paper or papers submitted herewith are true and correct to the best of my knowledge, information and belief.

I further authorize representatives of Upper Hanover Township to enter the subject property in order to verify existing conditions. I specifically release individuals who enter on or about the site during an inspection from any liability, obligation or claim that may arise as a result of their entry onto or travel about the said property.

Date Applicant

Date Applicant

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(TOWNSHIP USE ONLY)

Date Received by Township Secretary _____

Application No.: _____ By: _____

Application Fee Received _____
Amount Check Number Date

Applicant Request for County Review

This request should be filled out by the applicant and submitted to the municipality where the application is being filed along with digital copies of all plan sets/information. Municipal staff will electronically file the application with the county, and a notice for the prompt payment of any fees will be emailed to the Applicant's Representative.



Date: _____
 Municipality: _____
 Proposal Name: _____
 Applicant Name: _____
 Address: _____
 City/State/Zip: _____
 Phone: _____
 Email: _____

Applicant's Representative: _____
 Address: _____
 City/State/Zip: _____
 Business Phone (required): _____
 Business Email (required): _____

Type of Review Requested:

(Check All Appropriate Boxes)

- Land Development Plan
- Subdivision Plan
- Residential Lot Line Change
- Nonresidential Lot Line Change
- Zoning Ordinance Amendment
- Zoning Map Amendment
- Subdivision Ordinance Amendment
- Curative Amendment
- Comprehensive / Other Plan
- Special Review*

**(Not included in any other category - includes parking lot or structures that are not associated with new building square footage)*

Type of Plan:

- Tentative (Sketch)
- Preliminary / Final

Type of Submission:

- New Proposal
- Resubmission*

** A proposal is NOT a resubmission if A) The proposed land use changes, or B) The amount of residential units or square footage proposed changes more than 40%, or C) The previous submission was over 5 years ago.*

Zoning:

Existing District: _____
 Special Exception Granted Yes No
 Variance Granted Yes No For _____

Plan Information:

Tax Parcel Number(s) _____

Location *(address or frontage)* _____
 Nearest Cross Street _____
 Total Tract Area _____
 Total Tract Area Impacted By Development _____

(If the development is a building expansion, or additional building on existing development, or only impacts a portion of the tract, please provide a rough estimate of the land impacted, including associated yards, drives, and facilities.)

Land Use(s)	Number of New		Senior Housing		Open Space Acres*	Nonresidential New Square Feet
	Lots	Units	Yes	No		
Single-Family						
Townhouses/Twins						
Apartments						
Commercial						
Industrial						
Office						
Institutional						
Other						

**Only indicate Open Space if it will be on a separate lot or deed restricted with an easement shown on the plan.*

Additional Information: _____

