

**APPLICATION FOR TEXT AMENDMENT OF ZONING ORDINANCE
(Text Only)**

UPPER HANOVER TOWNSHIP
1704 Pillsbury Road, PO Box 27, East Greenville, PA 18041
Info@upperhanovertownship.org

Date of Application: _____

I. Applicant Section

Name of Applicant: _____

Address of Applicant: _____

Email of Applicant: _____

Telephone number of Applicant: _____

What is your Interest /relation to the application? _____ Property Owner _____

Owner Representative _____ Equitable Owner _____ Other: _____

II. Property Owner Section (If other than the applicant)

Property Owner Name: _____

Address of Property Owner: _____

Email of Owner: _____

III. Applicant's Representative

Address of Representative: _____

Email of Representative _____

Telephone number of Representative: _____

IV. Zoning Text Amendment Request

Zoning Sections you wish to have changed: _____

Reason you are requesting the Text Amendment and why the Township should consider the request (attach additional documents if needed): _____

Is this request directly related to a specific project? Please Specify: _____

If yes, is there a concept plan for the specific project? If yes, please attach. _____

Property(ies) of Interest Information (Addition additional sheets as necessary):

Tax Parcel ID _____

Block & Unit Number: _____

Street Address: _____

Attach Suggested Text Amendment(s):

Provide information about the market area to be served by the proposed development, if a commercial use, including population, effective demand for proposed use or facilities and any other information describing the relationship of the proposed project to the request for a Zoning Text Amendment.

REQUIRED ATTACHMENTS AND FILING DIRECTIONS

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

- A. A plan or map showing the district to be affected, streets bounding and intersecting the area, land use and zoning classification of abutting districts.
- B. Draft text Amendment.
- C. If any attachment is larger than 11 x 17 a digital copy must also be submitted.
- D. 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.
- E. All reviews required by the Pennsylvania Departments of Transportation and Environmental Protection.

F. Filing Fee payable to: UPPER HANOVER TOWNSHIP

Application Fee - \$500.00

Continued Hearing - \$200.00 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 ½ of the Stenographer appearance fee.

G. 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 by the planning commission deadline for new submissions.

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

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

J. All Zoning Amendment Requests are reviewed by the Planning Commission, Board of Supervisors and Montgomery County Planning Commission.

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.

Date

Applicant

Date

Applicant

.....

(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: Type of Submission:

- Tentative (Sketch) New Proposal
- Preliminary / Final 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: _____