

Application For Amendment of Township Zoning Map

Note: All information on Page 1 shall be completed by applicant. Information is to be typed or printed with black ink.

Application will be received only at the regular monthly meeting of the Harlem Township Zoning Commission - held on the first Monday of every month - or as advertised in the Sunbury News.

Name of Owner: \_\_\_\_\_ or Lessee: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Telephone (Home): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Telephone (Work): \_\_\_\_\_

Subdivision Name if Applicable: \_\_\_\_\_

Range: \_\_\_\_\_ Township: \_\_\_\_\_ Section: \_\_\_\_\_ Lot Number: \_\_\_\_\_ Inlot Number: \_\_\_\_\_

Current Zoning District: \_\_\_\_\_ Current Use: \_\_\_\_\_ Total Acreage: \_\_\_\_\_

Proposed Zoning District: \_\_\_\_\_ Proposed Use: \_\_\_\_\_ Total Acreage to be Rezoned: \_\_\_\_\_

Property Legal Description: Applicant shall include a complete legal description and surveyor's rendition of the property. Such LEGAL DESCRIPTION shall include a copy of the deed and, if the landowner(s) are not present a power of attorney for rezoning of said land. This data shall be submitted on additional sheets, and attached to this application.

Property Owners: Names and addresses of all property owners, as to tax duplicates on file at the Delaware County Treasurer or Auditor's Office, that are ADJACENT, ADJOINING, CONTIGUOUS TO, OR ACROSS FROM the property that is to be rezoned. Use page 2 of the application if it is necessary to include more than six property owners.

1. Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Parcel I.D.# \_\_\_\_\_

2. Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Parcel I.D.# \_\_\_\_\_

3. Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Parcel I.D.# \_\_\_\_\_

4. Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Parcel I.D.# \_\_\_\_\_

5. Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Parcel I.D.# \_\_\_\_\_

6. Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Parcel I.D.# \_\_\_\_\_

The undersigned certifies that this application and attachments thereto contain all information required by the Zoning Commission and that all information contained herein is true and accurate and is submitted to induce the amendment of the zoning map. Applicant agrees to be bound by the provisions of Harlem Township Zoning Resolution; Delaware County.

Applicant Signature: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_

NOTE: A Rezoning Application shall include all applicable fees required at time of submittal. Application Base Fee is \$400.00 and the Acreage Fee is based on the actual acreage proposed for rezoning. The Acreage Fee is \$100.00 per acre, with a prorated amount of \$100.00 on any fraction of an acre thereof. (Fee for 1.25 acres is \$400.00 + \$100.00 + \$25.00 = \$525.00)

When applicant submits payment by check, **two checks** for payment are required. One Check shall cover Application Base Fee; a second check shall cover the Application Acreage Fee.

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**\*\*Use this page only if there are more than 6 property owners listed on Page 1\*\***

Property Owners: Names and addresses of all property owners, as to tax duplicates on file at the Delaware County Treasurer or Auditor's Office, that are ADJACENT, ADJOINING, CONTIGUOUS TO, OR ACROSS FROM the property that is to be rezoned. Use this page to continue listing the property owners from Page 1.

7. Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Parcel I.D.# \_\_\_\_\_

8. Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Parcel I.D.# \_\_\_\_\_

9. Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Parcel I.D.# \_\_\_\_\_

10. Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Parcel I.D.# \_\_\_\_\_

11. Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Parcel I.D.# \_\_\_\_\_

12. Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Parcel I.D.# \_\_\_\_\_

13. Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Parcel I.D.# \_\_\_\_\_

14. Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Parcel I.D.# \_\_\_\_\_

15. Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Parcel I.D.# \_\_\_\_\_

16. Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Parcel I.D.# \_\_\_\_\_

17. Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Parcel I.D.# \_\_\_\_\_

18. Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Parcel I.D.# \_\_\_\_\_

19. Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Parcel I.D.# \_\_\_\_\_

20. Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Parcel I.D.# \_\_\_\_\_

21. Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Parcel I.D.# \_\_\_\_\_

22. Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Parcel I.D.# \_\_\_\_\_

23. Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Parcel I.D.# \_\_\_\_\_

24. Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Parcel I.D.# \_\_\_\_\_

**Application For Amendment of Township Zoning Map**

Note: Page 3 shall be completed by Township Officials.

Date Application is received w/ Fee Paid : \_\_\_\_\_

Notice Mailed: \_\_\_\_\_ Date of Publication : \_\_\_\_\_ Name of Publication: \_\_\_\_\_

Application to Township: Rejected : \_\_\_\_\_ Withdrawn : \_\_\_\_\_

Withdrawal Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

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Regional Planning Commission receives Application: \_\_\_\_\_ Regional Planning Commission Hearing Date: \_\_\_\_\_

Recommendation: \_\_\_\_\_ Approval: \_\_\_\_\_ Denied: \_\_\_\_\_

Comments: \_\_\_\_\_

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Zoning Commission Hearing Date: \_\_\_\_\_ Decision Date: \_\_\_\_\_

Recommendation: \_\_\_\_\_ Approval: \_\_\_\_\_ Denied: \_\_\_\_\_

<u>Member Name</u>	<u>Aye</u>	<u>Nay</u>	<u>Abstain</u>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: \_\_\_\_\_

\*\*\*\*\*  
Township Trustees Hearing Date: \_\_\_\_\_ Decision Date: \_\_\_\_\_

<u>Member Name</u>	<u>Aye</u>	<u>Nay</u>	<u>Abstain</u>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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HTZC-Form 1/3/06 **Zoning Inspector** \_\_\_\_\_ **Adopted:** \_\_\_\_\_