Zoning Map Amendment Application Form

Applicant: ________________________________________________________________

Legal Description of properties covered by this application (use additional sheets if necessary):
____________________________________________________
____________________________________________________
____________________________________________________

Requested District Change (i.e., from - to): ____________________________

Reason for request: ________________________________________________
____________________________________________________
____________________________________________________

Please provide a written narrative explaining the following:

1. Is the proposed change in accordance with the borough and city comprehensive plans?

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

2. How is the proposed change compatible with surrounding zoning districts and the established land use pattern?

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

3. Are public facilities such as schools, utilities and streets adequate to support the proposed change?

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
4. Do changed conditions affecting the subject parcel or the surrounding neighborhood support the proposed change?

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

5. Is the proposed change consistent with public welfare and will it grant a special privilege to the owners?

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

Date of application: __________________________

$500.00 filing fee paid: ______________________

___________________________________________
Signature of owner or owner’s authorized representative

Address

___________________________________________
Contact/phone/email