

**TOWNSHIP OF NORTH FAYETTE
APPLICATION FOR ZONING CHANGE**

Applicant Name: _____ Phone: _____

Address: _____

Landowner's Name: _____ Phone: _____

Address: _____

DESCRIPTION OF PROPERTY

Allegheny County Tax ID Number (Lot and Block): _____

Location: _____

Total Acreage: _____

Current Zoning District: _____ Current Land Use: _____

Proposed Zoning District: _____ Proposed Land Use: _____

REQUIREMENTS FOR SUBMISSION

1. Completed application and 10 sets of all required information.
2. Application filing fee of \$300.00 made payable to the Township of North Fayette.
3. The name and address of the landowner and, if the landowner is not the applicant, the name and address of the applicant on the drawing.
4. Current zoning and names of all abutting owners.
5. **All requirements of Article XII of Township Zoning Ordinance 360.**

The application filing fee shall cover the administrative costs associated with processing an application. Applicant shall also pay all reasonable and necessary charges by the Township's professional consultants or the Township Engineer for review and report on the application to the Township. The applicant shall also reimburse the Township for the reasonable and necessary inspection fees for the inspection of all improvements associated with this application. It is understood that the applicant/landowner is not delinquent in any fees owed the Township of North Fayette from prior submissions. Should it be determined that there are any such outstanding obligations, the Township reserves the right to deny approval of this or any other project as submitted by the above named applicant/landowner until all obligations are satisfied.

I, _____, certify that I am the Owner of record of the property for which application is made or the authorized agent for the Owner, and that the information provided on and with this application is true and correct to the best of my knowledge or belief. (If the applicant is not the Owner, the Owner's signed and notarized authorization to his/her agent to act on Owner's behalf is required to be submitted.) I understand that the application will not be accepted as complete until such time as all information required under Article XII of the Township Zoning Ordinance has been submitted. I understand that rezoning is a legislative act of the Board of Supervisors and that a decision is not necessary.

Signature of Applicant

Date

TOWNSHIP USE ONLY:

Date Application Submitted: _____ Amount Paid: _____

Official Filing Date: _____

Planning Commission Recommendation: _____ Date: _____

Board of Supervisors Decision: _____ Date: _____

Public Hearing Date: _____ Ordinance #: _____