

**CENTER TOWNSHIP
BOARD OF SUPERVISORS**

**ZONING CHANGE
APPLICATION**

FOR OFFICE USE ONLY	
Application Number _____	Fee \$ _____ Date Received _____ Received By _____
Complete Sections I, II, III and IV	
SECTION I	APPLICANT AND PROPERTY INFORMATION
<u>Applicant</u>	
A. NAME _____	Phone _____
B. Address _____ _____	
C. Applicant's Interest _____	
<u>Property Owner</u>	
A. Name _____	Phone _____
B. Address _____ _____	
(If Property Owner is not the Applicant; a notarized authorization to act on behalf of the Landowner must be presented)	
SECTION II	PROPERTY LOCATION, USE & ZONING INFORMATION
A. Location of subject property _____ _____	
B. Map: _____	Parcel: _____
1. Attach a copy of tax map depicting property to be rezoned 2. Attach list of the names and address of the current property owners within 300' feet of the exterior Limits of the property to be rezoned.	
SECTION III	ZONING CHANGE REQUESTED
Applicant requests a zoning change from:	To:
Current Zoning: _____	Proposed Zoning: _____
SECTION IV	AUTHORIZATION
Applicant Signature: _____	Date: _____
Owner Signature (if different): _____	Date: _____
Return completed form to: 419 Sunset Drive, Butler, PA 16001	
Make checks payable to: Center Township	