

**Mahoning /Cooper Township**  
**Zoning Office**

**Application for Amendment to Zoning Text and/or Map**

\*Pursuant to zoning regulations 250-79 as of 03/15/2007 and the Pennsylvania Municipalities Code, eighteenth (18<sup>th</sup>) edition (sec. 609)

**1. Applicant Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_ (\_\_\_\_) \_\_\_\_\_ Alternate Phone: \_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

**2. Request Amendment to:** (Both may be checked)    TEXT    MAP

**3. Map Change Requirements:** (If applicable, include the following)

- a. If map (2. Above) is checked, a statement from a current landowner of the area proposed to be reclassified, attesting to the truth and correctness of this application and all documents submitted with it, must be attached.
- b. A plan showing the area proposed to be changed, including all streets bounding and intersecting said area including current and proposed zoning district information of said area and areas immediately adjacent to said area.
- c. A list including the names and addresses of all property owners within two hundred feet (200') of the area proposed to be re-zoned.
- d. Check in the amount of \$1,000.00 payable to Mahoning/Cooper Township.

Note: If 3.a. through 3.c. are not included with this application, the application will not be accepted.

**4. Statement of Requested Amendment:** (Explain your request. You may attach additional pages)

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**5. Signature:**

I hereby confirm that the statements represented in this application, and all additional documents submitted as part of this application, are truthful to the best of my knowledge and that the acceptance of this application in no way implies the approval of the proposed changes.

\_\_\_\_\_

(SIGNATURE) (DATE)

**FOR OFFICIAL USE**

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Submitted to PC: \_\_\_\_\_ Date: \_\_\_\_\_

PC Recommendation(s): \_\_\_\_\_

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Submitted to County PC: \_\_\_\_\_ Date: \_\_\_\_\_

County PC recommendation(s): \_\_\_\_\_

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Submitted to Township Supervisors: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisors Decision: \_\_\_\_\_

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