



SPRING GARDEN TOWNSHIP
 340 Tri Hill Road, Suite A, York PA 17403
 Tele: 717.848.2858 www.springgardentwp.org

APPLICATION FOR ZONING AMENDMENT – TEXT OR MAP AMENDMENT

Applicant's Information			
Name:		Phone No.:	
Address:		Email Address:	
Property Owner (if other than applicant)			
Name:		Phone No.:	
Address:		Email Address:	
Property Information			
Address:		UPI: (tax map & parcel)	
Lot Size:		Date Purchased:	
Present Use:		Present Zoning District:	
Proposed Zoning District			

If Text Amendment, submit attachments that:

1. Explain the reason for this proposal
2. Provide proposed replacement text consistent with the codified ordinances format

If Map Amendment, submit attachments that:

1. Identify all subject properties by York County Tax Parcel Identification number, street address and plot plan.
2. Identify owners of all subject properties
3. Identify interest of any applicant who is not the property owner
4. Identify the existing land uses on subject property
5. Identify the current and proposed zoning district designation of subject property
6. Explain the reasons for this proposal.

NOTE: I hereby certify that all of the above statements and the statements contained in any papers or plans submitted herewith are true to the best of my knowledge and belief.

DATED: _____, 20__

Signature of Applicant _____
(must have financial interest in property)

7. To be completed by Spring Garden Township

Received by: _____ Date: _____

Fee: _____ Cash / Check No.: _____