

FOSTER TOWNSHIP
APPLICATION
FOR
ZONING AMENDMENT

1. Name, address and telephone number of Applicant:

2. List the name, address and telephone number of Landowner, if different than applicant:

3. The name and address of attorney and consultant, if any:

4. Interest of the Applicant in the Property subject to this request:

Owner of Record (*attach a copy of the Deed*)

Tenant (*attach a copy of the Lease Agreement*)

Equitable Owner (*attach supporting documentation*)

Other (explain) _____

5. Indicate the address and location of the Property subject to this request:

6. The property is located in the following zoning district(s): _____

7. The existing use of the Property is: _____

8. Nature of request (check whichever ones are applicable):

_____ Zoning Ordinance Amendment under Article 14 of the Zoning Ordinance.

_____ Zoning Map Amendment under Article 14 of the Zoning Ordinance.

_____ Landowner Curative Amendment under Section 1403.1 of the Zoning Ordinance. Please explain the reasons why you believe the Zoning Ordinance or Map is defective citing the sections of the Zoning Ordinance or Map that are allegedly defective (if this is a curative amendment request, you must attach the proposed amendment to this application pursuant to Section 609.1 of the Pa MPC in the exact form in which you request the Supervisors to consider adopting it):

9. Please describe the proposed Amendment:

10. The describe the existing and proposed uses of the Property:

Existing Use: _____

Proposed Use: _____

Will the existing use replace the proposed use? ____ YES ____ NO

11. This application shall include the following attachments (you must also check each to confirm submission with this application):

_____ A plot plan of the property.

_____ A copy of the proposed amendment.

_____ Copies of the deeds, leases or supporting documentation on ownership and the interest of any applicant in the property.

_____ A list of the names and addresses of all landowners of record based upon the records contained in the Luzerne County Tax Assessor's Office for all property located within the area to be rezoned.

_____ The application fee of \$1,000.00. By signing below the Applicant and Owner agree to pay all costs in excess of the application fee including notice and advertising costs, stenographer appearance fee, transcript fee, professional consulting fees, and necessary administrative overhead in connection with the hearing.

BY SIGNING BELOW, I VERIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION AND ATTACHED IS TRUE AND CORRECT TO THE BEST OF KNOWLEDGE, INFORMATION AND BELIEF. I UNDERSTAND THAT FALSE STATEMENTS ARE MADE SUBJECT TO THE PENALTIES OF 18 PA.C.S.A SECTION 4904 RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES.

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF LANDOWNER

DATE

TOWNSHIP USE ONLY

DATE APPLICATION IS RECEIVED: _____

PERSON WHO RECEIVED APPLICATION: _____

FEE PAID: \$ _____ CHECK NO. _____