



FreedomTownship

2184 Pumping Station Road
Fairfield, PA 17320
Phone: 717.337.2926 Fax: 717.337.3545

www.freedomtownship.us

PETITION TO AMMEND: ZONING ORDINANCE AND/OR ZONING MAP

DIRECTIONS FOR SUBMITTING THE PETITION

1. Complete the application. Please print legibly or type the information.
2. Sign and date the application.
3. Submit the application to the Township’s Manager with original signatures of the applicant and the owner. The application **must** contain written documentation for the proposal to amend, supplement, change, modify, or repeal Freedom Township’s Zoning Ordinance and/or Zoning Map.
4. Attach appropriate drawings, plans, and/or illustrations that help explain your request. Fifteen (15) copies of the proposed plan (minimum size of 18”x 24”) must be submitted with the application. All materials submitted with this application or entered as Exhibits during the hearing become the property of Freedom Township and are kept with this application.
5. The application and all additional materials submitted with the application must be originals. The Township will not accept fax copies of any materials associated with this application.
6. Complete applications are due at least thirty (30) days prior to the hearing on such amendment. If the application submitted is not complete, the Township reserves the right to immediately deny the application and return it to the application without the Planning Commission’s and the Board of Supervisor’s review and action on the application.
7. There is an application fee for a petition to rezone and/or amend the Zoning Ordinance. The application will not be accepted if the fee is not included. **The fee is currently \$750.00.** The applicant must pay all additional fees in full. Fees are subject to change at any time by Resolution from the Board of Supervisors. Checks shall be made payable to Freedom Township.
8. For additional information regarding a Zoning Amendment, please visit our website at www.freedomtownship.us.

I/We have read and understand the directions:

Signature

Date

Print Name



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Date Received

Twp. File #:

PURPOSE OF THE PETITION:

Text Amendment

Map Amendment

Property Address

Tax/Parcel ID

Current Zoning District

TEXT AMENDMENT

For Petitions to amend the Freedom Township Zoning Ordinance, the following information shall be provided:

Describe the purpose of this request

Reference all relevant sections of the Township Ordinance

Attach proposed replacement text in codified ordinance format.

MAP AMENDMENT

For Petitions to amend the Freedom Township Zoning Map, the following information shall be provided:

Proposed Zoning District

Describe the purpose of this request

Provide a complete legal description and surveyed plot plan of the property. The plot plan sheet shall be a minimum size of 18"x 24". The legal description shall include a copy of the deed, if the landowner(s) are not present then a power of attorney for rezoning of said property.

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MAP AMENDMENT (continued)

Describe the current use of this property

Describe the proposed use of the Property (if different from current use)

ADDITIONAL INFORMATION FOR ALL PETITIONS

List the name, address, and tax parcel number of all property owners affected by this proposal (to include all properties adjacent, adjoining, contiguous, and across the street from the subject property that will be affected by this proposal). Continue on a separate piece of paper, if necessary.

Name: _____
Address: _____

Tax Parcel ID: _____

Name: _____
Address: _____

Tax Parcel ID: _____

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Address: _____

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CONTACT INFORMATION

Applicant:

Name	Cell	Phone	
Address	City	State	Zip
Email			

Property Owner *(if different from the Applicant):*

Name	Cell	Phone	
Address	City	State	Zip
Email			

Person or counsel represent the applicant(s):

Name	Cell	Phone	
Address	City	State	Zip
Email			

SIGNATURE

I/We the undersigned applicant(s), do hereby make application to the Freedom Township Board of Supervisors for the purpose of consideration of a petition to amend the zoning ordinance and/or zoning map for the above-referenced property pursuant to the Pennsylvania Municipalities Planning Code, (Act 247 of 1968, as amended), and the Code of Freedom Township, (as amended). My/Our signatures below certify that all of the above referenced statements and information and any additional information submitted and made part of this application are true and complete to the best of my/our knowledge and belief. By signing below, I also certify that I have read and understand the application procedure, and agree to pay all fees required to review and process this application.

Signature of Applicant/Authorized Representative
(if different from owner)

Date

Signature of Owner

Date

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APPLICANT’S AFFIDAVIT

All applicants must complete this section. The form can be returned to the Township Building during regular office hours or by appointment at:

Freedom Township
2184 Pumping Station Road
Fairfield, PA 17320

Applicant, being duly sworn, says he/she is (please initial):

_____ The owner of the property in question.

_____ The authorized agent for the owner of record of the property for which the Application is made. The owner’s signature authorization to his/her/its agent to act on owner’s behalf is required to be submitted.

_____ A person aggrieved.

_____ An officer or agency of the municipality

The Applicant, the undersigned, hereby verifies that the statements made in this Application, and all information and exhibits provided with this Application, are true and correct to the best of Applicant’s knowledge or information and belief. The applicant acknowledges that the Township or its representatives have not provided the Township or its representatives did render any legal representation and no opinion as to the validity of the Applicant’s prospects for relief. I understand that false statements herein are made subject to the penalties of 18 Pa. C.S.A. §4904 relating to unsworn falsification to authorities.

Individual Applicant:

Signature of Applicant

Date

Print Applicant Name

Partnership/Corporate Applicant:

Name of Partnership / Corporation

By (print name of Signer and Title)

Signature of Applicant’s Signer

_____ (initials)	Applicant is advised that he/she/it should seek independent legal advice and may or may not consult the Municipal Planning Code.
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