

**REZONING APPLICATION
FOR PROPOSED AMENDMENT TO THE HALFMOON TOWNSHIP OFFICIAL ZONING MAP**

Applicant's Name _____

Mailing Address _____

Telephone _____

Property Owner's Name _____

Mailing Address _____

Telephone _____

Property Location Description (Lot Number, E-911, Address or Street Accessed From) _____

Existing Zoning _____

Proposed Zoning Classification _____

Existing Property Use _____

Proposed Property Use _____

Reasons why property should be rezoned: _____

Property Owner's Consent: I/We, _____, here by
acknowledge and give consent that my/our property can be submitted for rezoning
consideration.

Property Owner's Signature Date

Property Owner's Signature Date

TO BE COMPLETED BY ZONING OFFICER

Date received by Halfmoon Township staff _____

Date rezoning application is to be considered by the Planning Commission _____

Date rezoning notification letters were mailed to adjacent property owners _____