

**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 \_\_\_\_\_