



TOWNSHIP OF HALFMOON

100 MUNICIPAL LANE · PORT MATILDA, PA 16870

TELEPHONE : (814) 692-9800

www.halfmoontwp.us

APPLICATION FOR OFFICIAL ZONING MAP AMENDMENT

APPLICANT (Name): _____

Address: _____

Phone: _____ **Email:** _____

OWNER (Name): _____

Address: _____

Phone: _____ **Email:** _____

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/STAFF

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: _____