

**SPRING TOWNSHIP**  
1309 Blanchard Street  
Bellefonte, PA 16823  
www.springtownship.org

PLEASE PRINT/TYPE ALL INFORMATION  
File Number: \_\_\_\_\_

**APPLICATION FOR REZONING REQUEST**

Property Owner Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Telephone Number \_\_\_\_\_

Applicant Name (If Different From Owner Name) \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Telephone Number \_\_\_\_\_

Property Information

Tax Parcel Number \_\_\_\_\_  
Location \_\_\_\_\_  
Acreage \_\_\_\_\_ Fee \_\_\_\_\_  
Current Zoning \_\_\_\_\_ Date Paid \_\_\_\_\_  
Proposed Zoning \_\_\_\_\_  
Current Use \_\_\_\_\_  
Proposed Use \_\_\_\_\_

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AFFIDAVIT

I hereby certify that I am the owner in fee or the authorized agent of the owner in fee of the property upon which the request for rezoning is being applied and that all information above is true and correct. I agree to conform with the ordinances, statues and regulations of this municipality, count and state.

Signature of Owner or Authorized Agent \_\_\_\_\_ Date \_\_\_\_\_  
Print Name \_\_\_\_\_

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Map Included Yes \_\_\_\_\_ No \_\_\_\_\_

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