

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 _____

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 _____
