Application for Zoning Amendment
Hartford Township

Date

The undersigned, owner(s) of the following described property hereby requests the consideration of change in zoning district classification as specified below:

1 Name of Applicant _____

Mailing Address _____

Phone Number _____

2 Location Description _____

3 Existing Use _____

4 Present Zoning District _____

5 Proposed Use _____

6 Proposed Zoning District _____

7 Supporting Information-Attach the following items to the application:

a. A vincinity map showing property lines, streets, and existing and propsed zoning.
b. A list of all property owners, and their mailing addresses within, contigious to, and directly across the street from the proposed rezoning.
c. A statement of how the proposed rezoning relates it to the Comprehensive Plan.

_____

Applicant **Date**