

Washington Township Re-zoning Application

Applicant Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone No: \_\_\_\_\_ Email: \_\_\_\_\_

Property Address (if different): \_\_\_\_\_

Parcel Identification Number: \_\_\_\_\_

Present Zoning Classification of Property: \_\_\_\_\_

Present Use of Property: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Proposed Use of Property: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Proposed Zoning Classification of Property: \_\_\_\_\_

Please provide a brief justification for this application: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Applicant (PRINT) \_\_\_\_\_ Legal Owner of Property (PRINT) \_\_\_\_\_

Applicant (SIGN) \_\_\_\_\_ Legal Owner of Property (SIGN) \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Phone Number \_\_\_\_\_

Submitted on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.