

**Frankenlust Township**  
**REZONING APPLICATION**  
**\$375.00**

Dated Applied \_\_\_\_\_ Proposed Hearing Date \_\_\_\_\_

***This Application will not be accepted if incomplete. All required materials must be submitted at least 37 calendar days prior to the date of consideration for a Rezoning Hearing of the Planning Commission.***

**APPLICANT INFORMATION:**

(If different than owner)

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: \_\_\_\_\_

**OWNER INFORMATION:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: \_\_\_\_\_

**PROPERTY INFORMATION:**

Address or Location \_\_\_\_\_  
 Permanent Parcel # \_\_\_\_\_  
 Zone District (Current) \_\_\_\_\_  
 Type of Zoning Being Requested \_\_\_\_\_  
 Property Size \_\_\_\_\_  
 Legal Description (Include on Reverse Side)

**REASON FOR REQUEST:** (If more space is needed, use other side.)

***Note: Include sketch and/or drawings and a detailed description of plan when applicable.***

\_\_\_\_\_  
 \_\_\_\_\_

**\* I/WE HAVE BEEN GIVEN THE PROCEDURE COVER SHEET AND AGREE TO PAY FOR ALL ADDITIONAL FEES SHOULD THEY BE NECESSARY. I/WE ALSO HEREBY ATTEST THAT THE INFORMATION ON THIS APPLICATION FORM IS, TO THE BEST OF MY/OUR KNOWLEDGE, TRUE AND ACCURATE.**

\_\_\_\_\_  
 (Applicant)

\_\_\_\_\_  
 (Owner)

\_\_\_\_\_  
 (Applicant)

\_\_\_\_\_  
 (Owner)

\_\_\_\_\_  
 DONNA L. REICHARD, CLERK

\_\_\_\_\_  
 Date Received

\_\_\_\_\_  
 Cash or Check #

**\*NOTE:** The above list consists of costs normally associated with developmental projects within Frankenlust Twp. This list is made available as a service to any potential developer to aid with the prediction of project costs. By no means is it intended to be all inclusive. There may be other expenses pertaining to a project that are specific to that particular site or development that are not listed. These costs may be increased without notice.