## Orange Township Rezoning Application

This application must be completed in full and approved by the Orange Township Board before beginning any construction, excavation or use regulated by the Orange Township Zoning Ordinance.

Applicant Information					
Name					
Address					
City		_State	Zip		
Phone Numbers ()	(	)	(	)	_
Property Owner Information (if differ	rent fr	om applican	nt)		
Name					
Address					
City					
Phone Numbers ()	(	)	(	)	
(Attach separate pages if additional owner	rs)				
Present Use of the Property(s)  Present use					
Property Information					
Parcel Number(s) <b>34-110-</b>					

## **Orange Township Rezoning Application (page 2)**

Attach legal description(s) of proposed parcel(s) requested to be rezoned

Attach scaled map(s) of proposed parcels(s) requested to be rezoned						
Address(es) of property(s) proposed to be rezoned						
Attach separate pages for any additional parcels						
Proposed Desired Rezoning Change and Reason for the Requested Change:						
Present Zoning District(s)						
Proposed Zoning District(s)						

## **Orange Township Rezoning Application (page 3)**

## **Affidavit**

I certify and affirm that I am the property owner(s) or the owner's authorized agent(s) and that I agree to conform to applicable zoning laws of Orange Township. I also certify and affirm that this application is accurate and complete to the best of my knowledge. I hereby give permission for Township representatives to visit this location. I understand that if my request is granted, other ordinance requirements may be applicable.

Signature(s)			
Date	_		
Attach separate sheet for a	dditional signatures		
Administrative Use			
Fee paid		Date received	
Date of Hearing	Date Published	Date 300' Notices sent	
Date Posted at Hall			
Planning Commission Reco	ommendation		
Application Approved			
Application Denied			
Reasons			
readone			