



Butler Township
290 South Duffy Road
Butler, PA 16001
724-287-7465
Fax: 724-282-2142

CHANGE OF ZONING APPLICATION

Name of Applicant _____ Name of Owner _____

Address _____ Address _____

Phone _____ Fax _____ Phone _____ Fax _____

If Owner is not Applicant, a notarized authorization to act on behalf of the Owner must be presented.

Location of property to be rezoned _____

Map & Parcel # _____

Current Zoned District _____ Proposed Zoned District _____

The following must be submitted with this application:

1. Legal description, Certified and Sealed by a Professional Licensed Surveyor, of the entire property to be rezoned,
2. Ten (10) copies of a survey indicating existing buildings and adjoining streets, roads, highways, and property owners,
3. One (1) copy of survey reduced to 11" x 17",
4. List of names and addresses of the current property owners within 400' of the exterior limits of the property to be rezoned,
5. Legal description and property owners submitted in two (2) separate files in Microsoft Word.

*This application must be notarized and all fees must be submitted with this application. The undersigned agrees to pay all costs incurred by Butler Township to process the Change of Zoning Application.

Signature of Applicant

Date of Application

Print Name

E-mail

Commonwealth of Pennsylvania

County of _____

On this, the ____ day of _____, _____, before me the undersigned officer,
personally appeared _____

known to me (or satisfactorily proven) to be the person whose name(s) are subscribed to the within
instrument, and acknowledged that _____ executed the same for the purposes
therein contained.

IN WITNESS THEREOF, I hereunto set my hand and official seal.

Notary Public