



Dickinson Township ◊ 219 Mountain View Road ◊ Mount Holly Springs, PA 17065
Cumberland County
Phone: (717) 486-7424 ◊ Fax: (717) 486-8412
www.dickinsontownship.org

ZONING MAP / ORDINANCE AMENDMENT APPLICATION

Date of Completed Application: _____ Application #: _____
Name: _____ Phone: _____
Address: _____ Land Owner: _____
_____ Site: _____
Attorney: _____ Phone: _____
Address: _____
Interest of Applicant: Owner Equitable Title Holder Other
Present Zoning District and Present Use: _____

Applicant Request: Zoning District Change Text Change
Reason for Request: _____

REQUIREMENTS:

1. A written legal description and survey map of any property in question.
2. A written description of the reasons why the amendment is beneficial to Dickinson Township.
3. For proposed text amendments, the text of the requested change must be submitted in writing.
4. A signature page signed by at least one record owner of the property in question whose signature shall be notarized, attesting to the truth and correctness of all the facts and information submitted by this application.
5. For curative amendments, the following additional requirements apply:
 - A. A written report specifically describing the alleged defects including any supporting legal citations, comparative data, site plans, graphics, aerial photographs, etc.
 - B. A proposed Ordinance that cures the alleged defects.
 - C. If applicable, a site plan of sufficient detail and accuracy to demonstrate compliance with the proposed Ordinance and all other applicable provisions of the Zoning Ordinance.
 - D. A report describing the proposed use's consistency with each of the findings listed in Section 609.1 of the Pennsylvania Municipalities Planning Code.

FEES:

\$1,000.00 (submitted at time of application)

SIGNATURE:

I HEREBY CERTIFY THAT THE INFORMATION SUBMITTED IN ACCORDANCE WITH THIS APPLICATION IS CORRECT.

Signature

Date: