

**APPLICATION FOR ZONING CHANGE HEARING  
LOWER POTTS GROVE TOWNSHIP  
2199 Buchert Road  
Pottstown, Pa. 19464**

APPLICANT \_\_\_\_\_ ADDRESS \_\_\_\_\_  
(If not Owner, list Name below) \_\_\_\_\_ Phone # \_\_\_\_\_

OWNER \_\_\_\_\_ ADDRESS \_\_\_\_\_  
\_\_\_\_\_ Phone # \_\_\_\_\_

ATTORNEY \_\_\_\_\_ ADDRESS \_\_\_\_\_  
(If applicable) \_\_\_\_\_ Phone # \_\_\_\_\_

LOCATION OF PROPERTY \_\_\_\_\_

ZONING CLASSIFICATION \_\_\_\_\_ Lot Size (acreage) \_\_\_\_\_  
(Of Property in question)

PRESENT USE OF PROPERTY \_\_\_\_\_

SECTION OF CODE APPEALED \_\_\_\_\_

State why you feel the Lower Pottsgrove Township Board of Commissioners should grant you a Zoning Change Approval:

---

---

---

I hereby certify that the statements contained herein are true and correct to the best of my knowledge and belief. I understand that if I knowingly make false statements herein I am subject to such penalties as may be prescribed by law or ordinance. I understand that a notice of the scheduled hearing date will be posted for public view on the affected land.

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

Signature \_\_\_\_\_  
(Owner, if different from applicant)

NOTE: Check or Money Order in the amount of \_\_\_\_\_ payable to Lower Pottsgrove Township must accompany each application. For each continued hearing, a fee of like amount will be required.