

**CENTER TOWNSHIP  
BOARD OF SUPERVISORS**

**ZONING CHANGE  
APPLICATION**

<b>FOR OFFICE USE ONLY</b>	
Application Number _____	Fee \$ _____ Date Received _____ Received By _____
Complete Sections I, II, III and IV	
<b>SECTION I</b>	<b>APPLICANT AND PROPERTY INFORMATION</b>
<u>Applicant</u>	
A. NAME _____	Phone _____
B. Address _____ _____	
C. Applicant's Interest _____	
<u>Property Owner</u>	
A. Name _____	Phone _____
B. Address _____ _____	
(If Property Owner is not the Applicant; a notarized authorization to act on behalf of the Landowner must be presented)	
<b>SECTION II</b>	<b>PROPERTY LOCATION, USE &amp; ZONING INFORMATION</b>
A. Location of subject property _____ _____	
B. Map: _____	Parcel: _____
Attach a copy of tax map depicting property to be rezoned	
<b>SECTION III</b>	<b>ZONING CHANGE REQUESTED</b>
Applicant requests a zoning change from:	To:
Current Zoning: _____	Proposed Zoning: _____
<b>SECTION IV</b>	<b>AUTHORIZATION</b>
Applicant Signature: _____	Date: _____
Owner Signature (if different): _____	Date: _____
Return completed form to: 150 Henricks Road, Butler, PA 16001-8472	
Make checks payable to: Center Township	