



ZONING APPLICATIONS INSTRUCTIONS

1. All submissions must include a completed application.
2. All applicable sections must be completed. **Failure to do so will be sufficient grounds for rejection of application.**
3. The proper filing fee must accompany all applications.
4. All applications must be submitted at least ten (10) working days **prior** to the regular Township Council meeting, which is held on the fourth Wednesday of each month.

TOWNSHIP OF HAMPTON ZONING APPLICATION

All sections must be completed. Failure to do so will be sufficient grounds for rejection of this application.

PART I TYPE OF APPLICATION

- CONDITIONAL USE

- REZONING

- AMENDMENT TO
ZONING TEXT

- CURATIVE
AMENDMENT

For Office Use Only

Application Title _____

Application Number: _____

Application Fee: _____

Received By: _____

Date Filed: _____

Applicant _____
Address _____

Phone Number _____ **Contact Person** _____
Property Owner _____
Address _____

Phone Number _____ **Contact Person** _____

PART II PARCEL INFORMATION

Property Location _____
Lot and Block Identification _____
Legal Description _____

Cross Street (s) _____
Current Zoning _____
Property Size _____ Acres _____ Square Feet _____

Utilities available on site:
Water _____ Sewer _____ Gas _____ Electric _____ Phone _____ Cable _____

PART III **APPLICATION MATERIAL**

No applications for a Conditional Use or Rezoning request will be considered complete unless the following materials and applicable items are provided. Additional materials may be required, depending upon the nature and location of the request.

REZONING/AMENDMENT

- _____ Petition by property owner/applicant to rezone or amend the Zoning Ordinance and/or map.
- _____ Ten (10) signatures of property owners (if amending the text of the Zoning Ordinance.)
- _____ Identification of the specific text of zone district change requested.
- _____ Location map outlining property to be "rezoned" (*If amending the Zoning Map*).
- _____ "8 ½ x 11" print reduction of property proposed to be rezoned.
- _____ Filing Fee

CONDITIONAL USE

- _____ Identified as a Conditional Use In Section(s) 8.130, 8.230, 8.330, 8.430, 8.530, 8.580, 8.680, 8.740,8.930, or 8.890 in Zoning Ordinance No. 627.
- _____ Section 12.130 of Ordinance No. 627, items *a* thru *i*.
- _____ Section 12.140 of Ordinance No. 627.
- _____ Section 12.150 of Ordinance No. 627.
- _____ Section 12.300 (12.301 - 12.334) (The corresponding section to the type of the Conditional Use requested.)
- _____ Filing Fee

Each of these items needs to be addressed

An application may be filed only by the owner of a property or by a person with the power of an attorney from the owner authorizing the application, or by the attorney at law representing the owner.

INDICATE YOUR AUTHORITY:

_____ I am the owner of the property.

_____ I have the power of attorney from the property owner authorizing the application. A copy of the authorization is attached.

_____ I am the attorney at law representing the owner. A copy of the authorization is attached.

_____ I have an article of agreement for purchase of the subject property. A copy of this agreement is attached.

I/We, _____, being duly sworn, do depose and say that I/We am/are the owners(s) or applicant(s) herein named, and that the foregoing statement and answers herein contained, and the information herein submitted are, in all respects, true and correct to the best of my/our knowledge and belief.

Signature

Name

Date

IF THE APPLICANT IS OTHER THAN THE PROPERTY OWNER, THE OWNER MUST SIGN, CONSENTING TO THE FILING OF THIS APPLICATION.

I/We _____, am/are the owner(s) of the subject property and consent to the filing of this application.

Signature

Name

Date



TOWNSHIP OF

Hampton

Account Information

Please fill in the information requested below.

This is required in order to properly manage your account and insure that any information is sent to the proper person.

Project Name: _____

Project Location: _____

Applicant Name: _____

Contact Person: _____

Street Address: _____

City, State, Zip: _____

Phone Number: _____

Fax Number: _____

Email Address: _____

Contact for Escrow Refund Purposes: (if different from above)

Any refunds should be returned to:

Company Name: _____

Contact Person: _____

Street Address: _____

City, State & Zip: _____

Phone Number: _____

Fax Number: _____

Email Address: _____

Rev. 11/08 , jg