



## **TOWNSHIP OF HAMPTON ZONING APPLICATION**

### ***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.

### ***For Office Use Only***

Application Title \_\_\_\_\_

Application Number: \_\_\_\_\_

Application Fee: \_\_\_\_\_

Received By: \_\_\_\_\_

Date Filed: \_\_\_\_\_

**PART I**

**TYPE OF APPLICATION**

CONDITIONAL USE

REZONING

REVISED  
CONDITIONAL USE

AMENDMENT TO  
ZONING TEXT

CURATIVE  
AMENDMENT

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**Applicant** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone Number** \_\_\_\_\_ **Contact Person** \_\_\_\_\_

**Property Owner** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone Number** \_\_\_\_\_ **Contact Person** \_\_\_\_\_

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**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

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**CONDITIONAL USE**

- \_\_\_\_\_ Identified as a Conditional Use in Article 8, Section(s) 310-32, 310-33, 310-34, 310-35, 310-36, 310-37, 310-38, 310-39, 310-40, or 310-41 in Zoning Ordinance No. 776.
- \_\_\_\_\_ Section 310-76 C. of Ordinance No. 776, items 1 through 9.
- \_\_\_\_\_ Section 310-76 D. of Ordinance No. 776.
- \_\_\_\_\_ Section 310-76 E. of Ordinance No. 776.
- \_\_\_\_\_ Section 310-78 (A. 1 – 36) (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

**Contact Information for Escrow Account:**

*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: \_\_\_\_\_

***The refund check (if applicable) should be made out to:***  
*(If different from above)*

Contact Person: \_\_\_\_\_

Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_