

**FALLS TOWNSHIP ZONING COMMISSION  
HEARING APPLICATION**

**APPLICANT**

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

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

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

Phone: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

**OWNER**

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

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

Property Address: \_\_\_\_\_

Lot # \_\_\_\_\_ Subdivision: \_\_\_\_\_

**REQUEST:** Map Amendment \_\_\_\_\_ Code Amendment \_\_\_\_\_

Reason for the request or proposed use of property: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ATTACHMENTS:**

\_\_\_\_\_ Accurate Plat or Survey

\_\_\_\_\_ Site Plan – include buildings, parking, landscaping, drives, signs and setbacks with accurate dimensions.

\_\_\_\_\_ Building Plans

\_\_\_\_\_ Narrative explaining the request

\_\_\_\_\_ List of adjoining property owners and interested parties

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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

Received by: \_\_\_\_\_ Date: \_\_\_\_\_