



**FALLS TOWNSHIP**  
**188 Lincoln Highway**  
**Fairless Hills, PA 19030**  
**215-949-9000**

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## **APPLICATION FOR AMENDMENT TO THE ZONING ORDINANCE**

Provide applicant's name, address, phone number and interest in application below:

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Identify and provide same information as above for applicant's attorney and other persons or firms represented by applicant.

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### **A. TEXT AMENDMENT**

If the application is for an amendment to the text of the Ordinance, attach a statement which provides:

- The exact wording of the existing text proposed to be modified.
- The exact wording of the proposed amendment.
- The reason and justification for seeking the amendment.

### **B. MAP AMENDMENT (REZONING)**

The applicant shall attach a Statement, Identification Plan and Vicinity Map, in triplicate, which shall provide or show the following:

#### **Statement**

- The address or location of the land proposed to be rezoned.
- A description by metes and bounds of the land, or if the boundaries conform to those within a recorded subdivision, then the tax parcel number.
- The present zoning district classification of the land and the classification of the proposed land.
- Name and address of the owner of the land
- Justification of the request. Do you feel an error was made in establishing the present classification? Are there changed or changing conditions that make your request desirable? What other circumstances support your request?
- If appropriate, what is the nature of the proposed development and its time schedule?

- A list of the exhibits submitted with the application and those to be submitted later and date of submission.
- Impact studies as required by Section 508 (Page 51) of the Falls Township Zoning Ordinance of 1975.

### **Identification Plan**

The identification map or plan shall be on a scale not less than 100 feet to the inch if the land area proposed to be reclassified is 10 acres or less and not less than 200 feet to the inch if more than 10 acres shall be prepared by a civil engineer or surveyor and certified thereon by him to be correct and in conformity with these instructions.

The map shall show:

- The land proposed to be reclassified in a color distinctive from that of other land.
- The area of the land to be reclassified, stated in square feet if less than one acre or in acres if one acre or more.

### **Vicinity Map**

The vicinity map shall be on a scale of 500 feet to the inch and cover the area within at least 100 feet of the boundaries of the land proposed to be reclassified. This map shall show the land proposed to be reclassified in a distinctive color and the existing zoning classification of all land appearing on the map as identified by the official zoning map of the Township.

\_\_\_\_\_  
Signature of Applicant

### ***FOR OFFICIAL USE ONLY***

Application is complete and accepted:

\_\_\_\_\_  
Signature of Township Official      on \_\_\_\_\_  
Date

Fee: \$ \_\_\_\_\_      Receipt No. \_\_\_\_\_      Date: \_\_\_\_\_