ERECTED INTO A TOWNSHIP IN 1733

TOWNSHIP OF WORCESTER

AT THE CENTER POINT OF MONTGOMERY COUNTY PENNSYLVANIA

1721 Valley Forge Road, Post Office Box 767 Worcester, PA 19490

Board of Supervisors Application

1.	Date o	f Application:			
2.	a. b.	Request for Amendment to Zoning Map Request for Zoning Ordinance Amendment Request for Curative Amendment			
3.		Applicant:			
	a. b.	Name:			
	c.	Telephone Number:			
	d.	Email Address:			
	e.	State whether owner of legal title:			
	f.	If not legal owner, list names and addresses of all legal owners:			
4.	Applic	Please attach Deed to the Property to prove ownership, or a Lease with written permission of Owner providing consent for Tenant to apply for relief sought. eant's attorney, if any:			
		Name:			
	b.	Mailing Address:			
	c.				
	a.	Telephone Number:			
5.		Email Address:			
	-	ty Details:			
	a.	ty Details: Present Zoning Classification:			
	a. b.	ty Details: Present Zoning Classification: Present Land Use:			
	a. b. c.	ty Details: Present Zoning Classification: Present Land Use: Location (Street Address):			
	a. b. c. d.	ty Details: Present Zoning Classification: Present Land Use: Location (Street Address): Parcel #:			
	a. b. c. d.	ty Details: Present Zoning Classification: Present Land Use: Location (Street Address): Parcel #: Lot Dimensions:			
	a. b. c. d.	ty Details: Present Zoning Classification: Present Land Use: Location (Street Address): Parcel #: Lot Dimensions: i. Area:			
	a. b. c. d.	ty Details: Present Zoning Classification: Present Land Use: Location (Street Address): Parcel #: Lot Dimensions:			

Updated: June 10, 2024

	f. Water and Sewer Service to the Property (Check one or more, if applicable) i. Public Water ii. Public Sewer iii. Private Water iv. Private Sewer
	g. Size, construction, and use of existing improvements; use of land, if unimproved: (Please submit as an attachment)
5.	If Amendment to Zoning Map, list Proposed Zoning District:
7.	If Amendment to Zoning Ordinance, list section(s) proposed to be amended:
	 a. Provide draft amendment (Please submit as an attachment) b. Provide reason for request and reason amendment should be approved (Please submit as an attachment)
3.	If Curative Amendment, please provide all pertinent documentation (Please submit as an attachment)
Э.	One original and nine (9) copies of this application and all attachments including a digital version of said application and attachments must be filed with the Township Manager. Additionally, please provide ten (10) plot plans of the real estate affected indicating the location and size of improvements now erected and proposed to be used, and a copy of the deed, agreement of sale, lease agreement, etc. Digital versions of these plans and documents must also be provided in conjunction with this application submission.
10	A fee and escrow deposit must also be included in this submission in the amount indicated within the official Township Fee Schedule in the format of a check made out to Worcester Township.
11	. Has any previous appeal been filed concerning the subject matter of this appeal? (Check one) a. Yes b. No
	If yes, elaborate: (Please submit as an attachment)
12	. Provide the list of names and addresses of properties situated in the vicinity of the subject property.

CERTIFICATION

I (We) hereby certify that the above	(and enclosed)) information	is true and	correct to	the best of	of my
(our) knowledge, information or beli	ef.					

Signature	Printed Name	
Signature	Printed Name	

COMMONWEALTH OF PENNSYLVANIA

COUNTY OF	: SS		
The undersigned, being duly sworn names applicant, that he/she is authorized to foregoing facts are true and correct.			
	Applicant		
	Applicant		
Sworn to and subscribed before me this	day of		, 20
Notary Public			
Tvotary I done			
Date Received:		Zoning Officer	