



## PETITION TO AMEND THE ZONING ORDINANCE AND/OR AMEND THE ZONING MAP OF UPPER MACUNGIE TOWNSHIP

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### DIRECTIONS FOR SUBMITTING THE PETITION

1. Complete the application. Please print legibly or type the information.
2. Sign and Date the application.
3. Submit the application to the Township's Community Development Department with original signatures of the applicant and the owner. The application **must** contain written documentation for the proposal to amend, supplement, change, modify, or repeal the Upper Macungie Township Zoning Ordinance and/or Zoning Map.
4. Attach appropriate drawings, plans, and/or illustrations, which help explain your request. Three (3) copies of the proposed plan, a minimum size of 24"x 36", must be submitted with the application, in addition to a full electronic submission on a flash drive, CD, etc. All materials submitted with this application or entered as Exhibits during any public hearing become the property of Upper Macungie Township and are kept with this application.
5. Complete applications are due 21 days prior to a regularly scheduled Board of Supervisor's Meeting in which the application will be considered. If the application submitted is not complete, the Township reserves the right to reject the application and return it to the applicant for revision without the Planning Commission or the Board of Supervisor reviews or action.
6. There is an application fee for a petition to rezone and/or amend the Zoning Ordinance and the application will not be rejected if the fee is not included. **The application fee is currently \$1,000.00 plus a \$5,000 escrow deposit in accordance with "Schedule F" of the Upper Macungie Township Fee Schedule.** All additional fees must be paid in full by the applicant. Fees are subject to change at any time by Resolution from the Board of Supervisors. Checks shall be made payable to Upper Macungie Township.
7. For additional information regarding a Zoning Amendment, please visit our website at [www.uppermac.org](http://www.uppermac.org) or contact the Township's Community Development Department at 610-395-4892.

I/We have read and understand the directions:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name



# PETITION TO AMEND THE ZONING ORDINANCE AND/OR AMEND THE ZONING MAP OF UPPER MACUNGIE TOWNSHIP

**Upper Macungie Township**  
8330 Schantz Road  
Breinigsville, PA 18031  
[www.uppermac.org](http://www.uppermac.org)

**Community Development Department**  
Office: 610-395-4892  
Office Hours: M-F 7:30 AM – 4:00 PM

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

UMT Docket #: \_\_\_\_\_

**PURPOSE OF THE PETITION:**

Text Amendment

Map Amendment

Property address/location(s) \_\_\_\_\_

Tax Parcel Number(s) \_\_\_\_\_

Current Zoning District(s) \_\_\_\_\_

**TEXT AMENDMENT**

**For Petitions to amend the Upper Macungie Township Zoning Ordinance, the following information shall be provided (*continue on a separate sheet of paper, if necessary*):**

1. Describe the purpose of this request \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Reference all relevant sections of Chapter 27 of the Township Ordinance \_\_\_\_\_  
\_\_\_\_\_

3. Provide proposed replacement text in codified ordinance format.

**MAP AMENDMENT**

**For Petitions to amend the Upper Macungie Township Zoning Map, the following information shall be provided (*continue on a separate sheet of paper, if necessary*):**

1. Provide a complete legal description and surveyed plot plan of the property. The plot plan sheet shall be a minimum size of 24"x 36". The legal description shall include a copy of the deed, if the landowner(s) are not present then a power of attorney for rezoning of said property.

2. Proposed Zoning District \_\_\_\_\_

3. Describe the purpose of this request. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# ZONING MAP/ZONING TEXT AMENDMENT

4. Current Use of the Property \_\_\_\_\_

5. Proposed use of the Property (if different from current use) \_\_\_\_\_

## ADDITIONAL INFORMATION FOR ALL PETITIONS

List the name, address, and tax parcel number of all property owners affected by this proposal (to include all properties adjacent, adjoining, contiguous, and across the street from the subject property that will be affected by this proposal). Continue on a separate piece of paper, if necessary.

Name \_\_\_\_\_

Address \_\_\_\_\_

Parcel Identification Number (PIN) \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Parcel Identification Number (PIN) \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Parcel Identification Number (PIN) \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Parcel Identification Number (PIN) \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Parcel Identification Number (PIN) \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Parcel Identification Number (PIN) \_\_\_\_\_

# ZONING MAP/ZONING TEXT AMENDMENT

## CONTACT INFORMATION

### Applicant Information:

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

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

E-mail: \_\_\_\_\_

HOW DO YOU WISH TO RECEIVE CORRESPONDENCE       EMAIL     POSTAL MAIL

### Property Owner Information *(if different from the Applicant)*:

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

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

E-mail: \_\_\_\_\_

Will the applicant (s) be represented by another person or counsel?       Yes     No

If yes, please provide their name, address, phone number & email address:

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

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

E-mail: \_\_\_\_\_

## SIGNATURE

I/We the undersigned applicant(s), do hereby make application to the Upper Macungie Township Board of Supervisors for the purpose of consideration of a petition to amend the Zoning Ordinance and/or Zoning Map for the above-referenced property pursuant to the Pennsylvania Municipalities Planning Code, (Act 247 of 1968, as amended), and Chapter 27 of the Code of the Township of Upper Macungie Township, (as amended). My/Our signatures below certify that all of the above-referenced statements and information and any additional information submitted and made part of this application are true and complete to the best of my/our knowledge and belief. By signing below, I also certify that I have read and understand the application procedure and agree to pay all fees required to review and process this application.

\_\_\_\_\_  
Signature of Applicant/Authorized Representative  
(if different than owner)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

# ZONING MAP/ZONING TEXT AMENDMENT PETITION

## APPLICANT'S AFFIDAVIT

**All applicants must complete this section.** The form can be returned to the UMT Municipal Building during regular office hours which are Monday through Friday, 7:30 am to 4:00 pm at:

Upper Macungie Township  
8330 Schantz Road  
Breinigsville, PA 18031

Applicant, being duly sworn, says he/she is: *(initial one)*

- \_\_\_\_\_ the owner of the property in question
- \_\_\_\_\_ the authorized agent for the owner of record of the property for which the Application is made.  
The owner's signature authorization to his/her/its agent to act on owner's behalf is required to be submitted.
- \_\_\_\_\_ a person aggrieved
- \_\_\_\_\_ an officer or agency of the municipality

The Applicant, the undersigned, hereby verifies that the statements made in this Application, and all information and exhibits provided with this Application, are true and correct to the best of Applicant's knowledge or information and belief. The applicant acknowledges that the Township or its representatives have not provided any legal representation and no opinion was rendered by the Township or its representatives as to the validity of the Applicant's prospects for relief. I understand that false statements herein are made subject to the penalties of 18 Pa. C.S.A. §4904 relating to unsworn falsification to authorities.

### Individual Applicant:

\_\_\_\_\_

Print Applicant Name

\_\_\_\_\_

Signature of Applicant

\_\_\_\_\_

Address

\_\_\_\_\_

Phone #

### Partnership/Corporate Applicant:

\_\_\_\_\_

Name of Partnership / Corporation

\_\_\_\_\_

By (print name of Signer and Title)

\_\_\_\_\_

Signature of Applicant's Signer

_____	Applicant is advised that they should seek independent legal advice and may or may not consult the Municipal Planning Code.
(initials)	