JACKSON TOWNSHIP
CHANGE OF USE APPLICATION

Zoning Ordinance – Part 14

1. Physical Address of Property: _____

2. **Existing Use:** □ Residential
□ Commercial
□ Industrial
□ Other _____

Describe: _____
_____

3. **Proposed Use:** □ Residential
□ Commercial
□ Industrial
□ Other _____

Describe: _____
_____
_____

4. Applicant Name: _____ Phone: _____ Email: _____
Mailing Address: _____

5. Name of Property Owner: _____ Phone: _____
Mailing Address: _____
Signature of Owner: _____

By signing, the owner gives consent to the applicant to submit this application for the proposed use as specified herein.

6. Additional supporting documents may be submitted by the applicant or requested by the Zoning Officer in order to demonstrate compliance with the provisions of the Zoning Ordinance.

I hereby apply for a change of use for the above referenced property pursuant to the requirements of the Jackson Township Zoning Ordinance, as amended.

_____ _____
Applicant Signature Date

2162 Route 715 P.O. Box 213 Reeders, PA 18352 ♦ www.jacksontwp-pa.gov ♦ 570-629-0153 570-629-1016 (fax)
zoning@jacksontwp-pa.gov