



## APPLICATION TO AMEND THE ZONING ORDINANCE

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Amendments to the West Whiteland Township Zoning Ordinance (“Zoning”) are adopted by action of the Board of Supervisors (“Board”) pursuant to the provisions of §325-125 of the Zoning. Amendments may be at the initiative of the Township or at the request of an Applicant. The “citizen’s petition” process described in §325-125.B of the Zoning provides a means by which property owner(s) may compel the Board to hold a hearing to consider an amendment. The Board may also choose to entertain other amendment applications, but it shall be understood that, lacking a petition, this is at their sole discretion and the Board may reject such an Application for any reason or no reason.

**This form shall not be used for curative amendment challenges to the Zoning.**

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- Please check this box ONLY if this application is being submitted as a citizen’s petition, pursuant to §325-125.B of the Zoning. The names and signatures of the petitioners and documentation that their property constitutes at least 50% of the area in the subject zoning district must be provided with this application.
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The APPLICANT is the person or other legal entity requesting the Amendment. The Township will direct all communication regarding the Application to the Applicant using the contact information provided below.

Applicant’s Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ e-Mail: \_\_\_\_\_

Briefly explain the nature of your amendment request: \_\_\_\_\_

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Are you requesting a change to the Zoning Map as part of this Application?

Yes.

No.

If “yes,” this Application must be accompanied by a map clearly showing what is being requested.

*Continued >*

Are you providing draft Ordinance language as part of this Application?

Yes.

No.

If “yes,” a copy of the language must be provided with the Application.

This application must be accompanied by:

- a check or money order payable to West Whiteland Township for the full amount of the Township review fee,
- a check or money order payable to the County of Chester for the full amount of the County review fee, and
- any and all necessary attachments as indicated above or as may be directed by Township Staff.

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

\_\_\_\_\_  
Date of Signature

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**TO BE COMPLETED BY TOWNSHIP STAFF:**

I have reviewed this Application Form and accompanying documents and determined that it is sufficiently complete to be accepted for review.

\_\_\_\_\_  
Name of Staff member accepting Application

\_\_\_\_\_  
Date Application deemed complete