## APPLICATION FOR ZONING AMENDMENT GRATZ BOROUGH, DAUPHIN COUNTY, PENNSYLVANIA

Name	e, address and telephone number of Applicant:		
	ne name, address and telephone number of Landowner, if differapplicant:		
The r	name and address of attorney and consultant, if any:		
Inter	est in the property subject to the proposed amendment:		
<u> </u>	Owner of Record ( <u>attach a copy of the Deed</u> ) Tenant ( <u>attach a copy of the Lease Agreement</u> ) Equitable Owner ( <u>attach supporting documentation</u> ) Other (explain)		
Indica	ate the address and location of the property:		
The p	property is located in the following zoning district(s):		
What	is the nature of your requested amendment:		
	Amendment to Zoning Text		

_	_ Amendment to Zoning Map _ Both
Ple	ase check whichever one is applicable:
	Landowner Curative Amendment under Section 1009(2)(a) of the Gratz Borough Zoning Ordinance Petition under Section 1009(1) of the Gratz Borough Zoning Ordinance
you	your request is a curative amendment, please explain the reasons why u believe the Gratz Borough Zoning Ordinance or Map is defective citing sections of the zoning ordinance or map that are allegedly defective:
Ple	ase describe and attach a copy of your proposed Amendment:
— Ple	ase describe the use of the Property both existing and proposed:
Exi	sting Use:
Pro	pposed Use:
Wi	Il the existing use replace the proposed use? YES NO
	is application must include 10 copies of the following attachments (you ast also check each to confirm submission with this application):
	The plot plan of the property.

ownership and different than t	eeds, leases or supporting documentation on applicant's interest in the property, if he landowner.
record based u	mes and addresses of all landowners of pon the records contained in the Dauphin sessor's Office for all property located within records
The filing fee of Borough". By sagree to pay all including notice appearance fee	f \$4,000.00 made payable to "Gratz igning below the applicant and landowner I costs in excess of the application fee, and advertising costs, stenographer e, transcript fee, professional consulting fees, administrative overhead in connection with
ATTACHED IS TRUE AND CORRECT TO THE BES	THE INFORMATION CONTAINED IN THIS APPLICATION AND ST OF KNOWLEDGE, INFORMATION AND BELIEF. I MADE SUBJECT TO THE PENALITIES OF 18 PA.C.S.A SECTION TO AUTHORITIES.
SIGNATURE OF APPLICANT	DATE
SIGNATURE OF LANDOWNER	DATE
	************
	CIAL USE ONLY ***************
DATE APPLICATION IS RECEIVED:	
PERSON WHO RECEIVED APPLICAT	
FEE PAID: \$	CHECK NO

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