

KAWKAWLIN TOWNSHIP

**APPLICATION FOR:**

Site Plan Review \_\_\_\_\_  
Special Use \_\_\_\_\_  
Rezoning \_\_\_\_\_  
Variance \_\_\_\_\_  
Special Meeting \_\_\_\_\_

This Application will not be accepted if incomplete. All required material must be submitted at least **20** days prior to the next Planning Commission Meeting or **30** days prior to the Board of Appeals meeting.

See Zoning Ordinance for **specific** requirements.  
A preliminary site plan is required for **all** rezoning request.

**APPLICATION INFORMATION** (If different from owner)

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

Address \_\_\_\_\_

**OWNER INFORMATION**

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

Address \_\_\_\_\_

**PROPERTY INFORMATION**

Address \_\_\_\_\_ Parcel # 09-080- \_\_\_\_\_ Zoning District \_\_\_\_\_

Property Size \_\_\_\_\_ Property Description (photo copy)

**DESCRIPTION OF PROPOSED USE/REQUEST** (Use additional pages if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ABUTTING PROPERTY OWNERS** (Township to attach list with names and addresses)

I hereby attest that the information on this application is, to the best of my knowledge, true and accurate.

Applicants signature \_\_\_\_\_ Date \_\_\_\_\_

Material received: Site plan \_\_\_\_\_ Preliminary Building Plans \_\_\_\_\_ Other \_\_\_\_\_

DATE Received \_\_\_\_\_ Fee Paid \$ \_\_\_\_\_ Received by \_\_\_\_\_

**SITE PLAN APPROVED** Owner \_\_\_\_\_ Date \_\_\_\_\_ P.C. \_\_\_\_\_ Z.A. \_\_\_\_\_