

Phone: 724-348-4229

**Union Township**  
Washington County, Pennsylvania  
3904 Finleyville-Elrama Road

Fax: 724-348-8234

**REQUEST for ZONING CHANGE**

Date \_\_\_\_\_

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

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

City \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Property Location: \_\_\_\_\_

Tax ID Number: \_\_\_\_\_

I / We request that the township rezone the above property from a \_\_\_\_\_ zone to a \_\_\_\_\_ zone for the following reason(s):

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

Applicant signature: \_\_\_\_\_

Applicant signature: \_\_\_\_\_

Applicant signature: \_\_\_\_\_

Applicant signature: \_\_\_\_\_

Applicant signature: \_\_\_\_\_

(Official Use Only)	
Fee Paid: <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount: \$ <input type="checkbox"/> Cash <input type="checkbox"/> Check
Adjacent Property Owners List Supplied <input type="checkbox"/> Yes <input type="checkbox"/> No	
Survey of Property Submitted <input type="checkbox"/> Yes <input type="checkbox"/> No	
Proof of Proprietorship Submitted <input type="checkbox"/> Yes <input type="checkbox"/> No	
Received By: _____	Date _____