EDEN TOWNSHIP BOARD OF SUPERVISORS
 APPLICATION FOR CURATIVE AMENDMENT TO THE ZONING MAP AND/OR
 ZONING ORDINANCE
 Section 703.6

GENERAL INFORMATION

Name of Applicant(s) __________________________________________

Address ______________________________________________________

Telephone No. ______________ Application Date __________________

Subject Property Location ______________________________________

Subject Property Zone _________________________________________

Nature of Request _____________________________________________

Name, address and telephone of representative or consultant ________

ADDITIONAL REQUIREMENTS (Include 7 copies of each of the following).

1. A written legal description and survey map of any property in question;

2. A written description of the reasons why the amendment is beneficial to
   the Township;

3. For proposed text amendments, an Ordinance that incorporates the
   desired changes;

4. A signature page signed by at least one record owner of the property in
   question, whose signature shall be notarized, attesting to the truth and
   correctness of all the facts and information submitted by this application.

5. For curative amendments, the following additional requirements apply:
   A. A written report specifically describing the alleged defects
      including any supporting legal citations, comparative data,
      site plans, graphics, aerial photographs, and etc;
   B. A proposed Ordinance that cures the alleged defects;
   C. If applicable, a site plan of sufficient detail and accuracy to
      demonstrate compliance with the proposed Ordinance and
      all other applicable provisions of the Zoning Ordinance, and,
   D. A report describing the proposed use’s consistency with each of the
      findings listed in Section 1104.6a) of the Zoning Ordinance;

FEES

$2,500 - Fee
$300 - Every hour or part of over 5 hours

Additional Costs: Zoning Ordinance, Article 6, 603.7-- “The Cost of the original transcript
shall be paid by the Board if the transcript is ordered by the Board or hearing
officer; or shall be paid by the person appealing the decision of the Board if
such appeal is made; and in either event, the cost of additional copies shall be
paid by the person requesting such copy or copies. In other cases, the party
requesting the original transcript shall bear the cost thereof.”

SIGNATURE

I hereby certify that the information submitted in accordance with this application is
correct, and I further agree to pay for those costs outlined above.

_________________________________________  __________________________
Applicant’s Signature Date
ADMINISTRATION

Date Application Accepted ____________ Total Costs ____________

Dates Advertised (twice, weekly, > 30 but < 7 days before hearing) ____________

Enactment Notice Publication Date (> 60 but < 7 days prior to passage) ____________

Submission Date to Newspaper ____________

Submission Date of Attested Copy to County Law Library ____________

Date of Property Posting (< 7 days before hearing) ____________

Township Planning Commission Submission Date (no less than 30 days before public hearing) ____________

Township Planning Commission Hearing Date & Recommendation ____________

County Planning Commission Submission Date (no less than 30 days before public hearing) ____________

County Planning Commission Hearing Date & Recommendation ____________

Date of Hearing (within 60 days of application) ____________

Date of Decision (within 45 days of last hearing) ____________

Decision ____________

Chairman ____________ Secretary ____________ Treasurer ____________

Monday, August 21, 2000