

OFFICE USE ONLY:

Fee Paid _____

Received by _____

Text Amendment Request No. _____

Date Received _____

**WILLIAMSTOWN TOWNSHIP
ORDINANCE TEXT AMENDMENT APPLICATION**

The Planning Commission strongly suggests that you, the applicant, work closely with the Township staff in pursuing your request. The staff will assist you in determining the relevance of your amendment request and help in completing the application. The applicant or a designated representative must be present at all meetings or the application will be tabled due to lack of representation. Applications must be received by the first Tuesday of the month to be on that month's meeting agenda.

I (We), the undersigned, respectfully request an amendment to the TEXT of a Williamstown Township ordinance as indicated below.

YOUR NAME _____

MAILING ADDRESS _____

STREET ADDRESS (if different) _____

TELEPHONE (day) _____ (evening) _____

IDENTIFY THE TITLE OF THE ORDINANCE YOU WANT AMENDED _____

IDENTIFY THE SPECIFIC REGULATION ARTICLE OR SECTION YOU WANT AMENDED _____

WHY DO YOU FEEL THIS REGULATION SHOULD BE AMENDED? (Please be specific and give any examples that illustrate a problem with the current wording.)

PLEASE NOTE: The applicant or a designated representative must be present at all scheduled review meetings or the review will be tabled due to lack of representation.

Applicant's Signature

Date

PLANNING COMMISSION RECOMMENDATION _____

DATE _____

TOWNSHIP BOARD ACTION _____

DATE _____

APPLICANT NOTIFIED OF DECISION _____

DATE _____

AUTHORIZED SIGNATURE _____

DATE _____