

**TOWNSHIP OF CAMBRIDGE**

22533 ELECTRIC DRIVE, CAMBRIDGE SPRINGS, PENNSYLVANIA 16403

PHONE: 814.398.8327 – FAX: 814.398.4900

EMAIL: [cambridgetwp@verizon.net](mailto:cambridgetwp@verizon.net)

---

**APPLICATION FOR LANDOWNER CURATIVE AMENDMENT**

**TO:** Cambridge Township Board of Supervisors

**Applicant(s) Name:** \_\_\_\_\_ **Owner:** \_\_\_\_\_  
(Please indicate your capacity, Owner or Agent) **Agent:** \_\_\_\_\_

**Applicant Address:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_  
\_\_\_\_\_

**Owner's Name:** \_\_\_\_\_

**Owner's Address:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_  
\_\_\_\_\_

**Location of Property:** \_\_\_\_\_

**Parcel ID No.:** \_\_\_\_\_

**Zoning District:** \_\_\_\_\_

- Please state the specific language or proposed amendment to the text, and/or the legal description of any district or boundary change (attach additional pages if necessary):

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

- Present Use: \_\_\_\_\_

- Proposed Use: \_\_\_\_\_

- Please attach an accurate map, at a reasonable scale, showing property lines, streets, existing and proposed zoning and other items that may clarify the application.

- Please list the property owners within, contiguous to, and directly across the road from the parcel proposed to be rezoned. Also please list all other property owners that may have a substantial interest in the proposed amendment.

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

- 
- 
- Please provide a Narrative (illustrated with mapped information where applicable) explaining the applicant's viewpoint of how the proposed change will impact the following:

- 1) The community's public facilities;
- 2) The natural features of the site and its surroundings; and,
- 3) The land use patterns in the vicinity of the proposed change.

- 
- 
- 
- 
- 
- 
- 
- Please provide a statement on how the proposed amendment relates to the Township's Comprehensive Plan.

I (We) verify that the information contained in the foregoing Application is true and correct to the best of my (our) knowledge. I (We) understand that any false statements made are subject to the Penalties of 18 Pa.C.S. §4904, relating to unsworn falsification to authorities.

**Applicant's Signature:** \_\_\_\_\_

**Date:**\_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_

**Date:**\_\_\_\_\_

---

**\*Office Use Only\***

**Application Fee:**

Amount Paid: \_\_\_\_\_

Check No: \_\_\_\_\_

Date: \_\_\_\_\_

*Cambridge Township Planning Commission*  
*Crawford County Planning Commission*

*Date Reviewed:* \_\_\_\_\_

*Date Reviewed:* \_\_\_\_\_

**Supervisor's Action:**

\_\_\_\_\_ Approved

\_\_\_\_\_ Denied

Hearing Date: \_\_\_\_\_

Court Reporter: \_\_\_\_\_

Chairman: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Attest: \_\_\_\_\_