

9. Please add any additional information below or by attached sheets that may be necessary to determine the conformance or the proposed use with the zoning ordinance.

As the below-signed applicant or owner, I attest to the truth and exactness of the above information. I understand that the above information will be relied upon by the Zoning Officer in the issuance of any zoning permit. False information or failure to adhere to the plan as proposed may result in the revocation of the zoning permit as well as other appropriate action.

Date

Signature of applicant or owner

Date Permit Issued or Denied

Zoning Officer

Permit No. _____

Enclose Zoning Application fee of \$50.00 made payable to Latimore Township.

**Mail Application and fee to: Latimore Township
559 Old US Route 15
York Springs, PA
17372**