## TYRONE TOWNSHIP PLANNING COMMISSION REVIEW APPLICATION

Property Address / Location				Zoning District / Tax Code
Property Owner(s)				Telephone
Street Address				Cell Phone
City	State	e and Zip ode		FAX or E-Mail
Authorized Agent				Telephone
Street Address				Cell Phone
City	St	ate and Zip Code		
Type of Review:Boundary RealignmentConcept ReviewConditional ZoningHome OccupationLand Division	Open Space R —_Open Space R —_Private Road/S —_Planned Unit I —_Public Hearing —_Rezoning	Shared Drive Development g	Site \ Spec	Plan Review /isit ial Land Use ial Meeting ommittee Meeting
Open Space PreservatiOther  Project Description:		nium		livision Plat
Planning Commissior 21 days prior to revier This Signature constitutions		th the Planning Coreduled for review ur gement of the appli	mmission Re	ecording Secretary at least ation has been received.
Planning Commissior 21 days prior to revier This Signature constitutions	n applications should be filed wiw. Applications will not be schetutes the applicant's acknowled	th the Planning Coreduled for review ur gement of the appli	mmission Reatil all informacation require	ecording Secretary at least ation has been received. rements and permission