

JEFFERSON TOWNSHIP

Butler County, PA

{Obtaining a Modification}

1. Complete and/or obtain the following:
 - A. Modification request form
 - B. Plot Plan
 - C. Adjacent property owner information
 - D. Adjacent property owner notarized letter of permission (if applicable)
 - E. Copies of past modifications or other related document.

2. When complete, return the above (A,B,C,D,&E) to: **Jefferson Township
157 Great Belt Rd.
Butler, PA 16002-9026**

3. Planning Commission meetings are scheduled to be held the third (3rd) Monday of each month (with the possible exception of November and December) at 7:00 P.M. at the Jefferson Township Municipal Building (above address).

4. The Board of Supervisors meets the second (2nd) Monday of each month (except January) at 7:00 P.M. at the same Township building above.

* To be considered at the next regularly scheduled Planning Commission meeting, Modification request form(s) and supporting documents must be submitted **TWO WEEKS** prior to the meeting.

* Requests submitted less than two weeks prior to a scheduled meeting may be considered at the discretion of the Planning Commission.

* Permission letter from the adjacent property owners must be **NOTARIZED**.

* Approval from BOTH the Township Planning Commission and Board of Supervisors is required before a building permit can be issued. Applicant **MUST** attend these meetings.

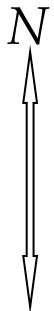
* Copies of the Township Ordinances are available for purchase at the Township Office.

*See page 5 *** NOTICE ***

Planning Commission Chairperson.....Leo Rosenbauer - 724-283-2324
Building Permit Officer + Inspector -CODE.sys CODE CONSULTING – Dave McGuigan
1-877-821-0337 ex. 24
Code Enforcement & Building Permit Officer.....Leo Rosenbauer - 724-283-2324
Sewage Enforcement Officer (primary)Doug Duncan - 724-679-4860
Township Secretary.....Lois Fennell - 724-352-2324

JEFFERSON TOWNSHIP
BUTLER, PA
{ **REQUIRED** - Plot Plan }

MODIFICATION



REQUIRED INFORMATION CHECK LIST

- | | |
|--|----------------------------------|
| <input type="checkbox"/> Lot Shape | Construction Location: _____ |
| <input type="checkbox"/> Lot Dimensions | Drawing Completed by: _____ |
| <input type="checkbox"/> Building Location | Address: _____ |
| <input type="checkbox"/> Driveway Location | _____ |
| <input type="checkbox"/> Distances to property lines | _____ |
| <input type="checkbox"/> Water Supply | _____ |
| <input type="checkbox"/> Sewage/Septic Location | REQUIRED Signature: _____ |
| <input type="checkbox"/> Road/Street Name | Date Completed: _____ |

**JEFFERSON TOWNSHIP
MODIFICATION REQUEST FORM
Subdivision and Land Development Ordinance**

1. Applicant:
Name _____
Street _____
City _____ State _____ Zip code _____
Phone Number () -- _____ -- _____

2. Request Location: _____

3. Applicable Ordinance/requirement (example: building setback or 'other' requirement):

4. Requested modification: _____

5. Reason for request: (**explain hardship** or peculiar conditions pertaining to the land in question. Must state in full the grounds and facts of 'unreasonableness or hardship' on which a request is based.) _____

6. Adjacent property owners			
Name	Address	Phone No.	Approve/Oppose
a	_____	_____	_____
b	_____	_____	_____
c	_____	_____	_____
d	_____	_____	_____

7. Remarks/Comments: _____

8. Signatures:
Applicant: _____ Date: _____
Co-Applicant: _____ Date: _____
Co-Applicant: _____ Date: _____

**** NOTICE ****

This modification is granted ONLY for the procedures, work, and/or functions specifically stated in the application. This modification must be used within one-year of approval.

*Side or rear set-back modifications **require** notarized permission form submission from the adjacent property owner affected.*

Modifications may or may not be granted. A submitted request does NOT guarantee approval. Approvals are considered for 'minimum modification necessary per the ordinance' and are based upon Ordinance requirements.

**** FOR TOWNSHIP USE ONLY ****

Modification Request Application Received DATE: _____

- | | |
|---|--|
| <p>PLANNING COMMISSION's Review Date _____</p> <input type="checkbox"/> Tabled Until _____ | <p>SUPERVISORS' Review Date _____</p> <input type="checkbox"/> Tabled Until _____ |
| <input type="checkbox"/> Approved with Conditions* _____ | <input type="checkbox"/> Approved with Conditions* _____ |
| <input type="checkbox"/> Approved _____ | <input type="checkbox"/> Approved _____ |
| <input type="checkbox"/> Denied* _____ | <input type="checkbox"/> Denied* _____ |

EXPIRATION DATE _____

*Planning Commission Comments: _____

*Supervisors' Comments: _____

.....
Signatures:

Planning Commission

_____	_____
Chairperson	Date
_____	_____
Secretary	Date

Board of Supervisors

_____	_____
Chairperson	Date
_____	_____
Supervisor	Date
_____	_____
Supervisor	Date