

TOWNSHIP OF WILKINS
CHANGE OF ZONING APPLICATION

DATE RECEIVED _____ APPLICATION DEPOSIT FEE _____

NAME OF LAND OWNER _____ DATE _____

ADDRESS _____ PHONE # _____

NAME OF APPLICANT _____ PHONE # _____

ADDRESS _____

(If Land Owner is not Applicant, a notarized authorization to act on behalf of the Land Owner must be presented.)
