

**EAST MANCHESTER TOWNSHIP  
YORK COUNTY, PENNSYLVANIA**

**VOLUNTARY WAIVER OF  
REZONING APPROVAL TIME**

**PROPERTY LOCATION:** \_\_\_\_\_

**PROPERTY OWNER:** \_\_\_\_\_

**APPLICANT:** \_\_\_\_\_

We the undersigned, as applicants for rezoning approval of the above-referenced property, or who by our signature represent that we are the authorized representative of the applicant, agree to voluntarily waive the requirement that the rezoning proposal submitted be approved within sixty (60) days following the date the application is filed, as required by Section 255-81 of the East Manchester Township Zoning Ordinance.

We understand that, by signing this Waiver, we are giving up our right to a public hearing and decision by the Board of Supervisors within the time prescribed by section 255-81 of the Zoning Ordinance,

We understand that both the Township and Applicant have the right to rescind this waiver at any time, upon written notice delivered to the other party by hand or by certified mail, return receipt requested. In the event that we rescind this waiver, then the sixty-day deadline will begin from the date of receipt by the non-waiving party of such rescission.

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

Witness: \_\_\_\_\_

\_\_\_\_\_  
DEVELOPER's or APPLICANT's signature

Printed Name:

Title:

Address:

Witness: \_\_\_\_\_

\_\_\_\_\_  
OWNER's signature

Printed Name:

Address:

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

\_\_\_\_\_  
Zoning Officer or other designated Township Official