

**MILLCREEK TOWNSHIP**  
**CERTIFICATE OF ZONING EXEMPTION**

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Property Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Township Index #: \_\_\_\_\_ Zoning District: \_\_\_\_\_

Reason for Exemption: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Phone Number: \_\_\_\_\_

*This request for Certificate of Zoning Exemption is verified subject to 18 Pa.C.S.A. § 4904 regarding unsworn falsification to authorities.*

Signature of Owner / Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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*Signature of Zoning and Development Officer      Date*