

Corrective Action Process (CAP) Request Form

To complete this form electronically, please visit: www.ycpc.org/FormCenter/YCPC-Forms-6/Corrective-Action-Request-61

Received by: York County Assessment Office ____ York County Planning Commission ____ York County Recorder of Deeds ____

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**To be completed by the applicant/authorized agent:**

PROPERTY OWNER'S NAME: \_\_\_\_\_

PHONE #: \_\_\_\_\_ (Home/Office)      Cell: \_\_\_\_\_      EMAIL: \_\_\_\_\_

OWNER'S MAILING ADDRESS: \_\_\_\_\_

**If this form is being completed by someone other than the property owner OR by someone representing multiple owners:**

AUTHORIZED AGENT'S NAME (if different than above): \_\_\_\_\_

PHONE #: \_\_\_\_\_ (Home/Office)      Cell: \_\_\_\_\_      EMAIL: \_\_\_\_\_

AGENT'S MAILING ADDRESS: \_\_\_\_\_

**PARCEL INFORMATION** (If unsure of UPI, use the **York County Property Viewer** at:  
<https://yorkcountypa.maps.arcgis.com/home/index.html>):

Uniform Parcel Identifier(s) (UPI): \_\_\_\_\_

Address of main parcel involved: \_\_\_\_\_

\_\_\_\_ Please check here if more than one parcel is involved AND that parcel is owned by a different owner.  
Please include the relevant information in the space provided on the back of this form.

By signing below, the undersigned hereby confirms that the information provided on and with this Request Form is true and correct to the best of his/her knowledge, information and belief. The undersigned understands that false statements herein are made subject to the penalties of 18 Pa.C.S. § 4904 relating to unsworn falsification to authorities.

All parties transmitting this Request Form by electronic means agree that this Request Form may be electronically signed by the undersigned typing his/her full name upon the signature line. All parties agree that the electronic signatures appearing on this Request Form are the same as handwritten signatures for the purposes of validity, enforceability and admissibility under 73 Pa.C.S. § 2260.502.

SIGNATURE OF OWNER(S): \_\_\_\_\_

SIGNATURE OF AUTHORIZED AGENT (if different from Owner): \_\_\_\_\_

**Please provide details of the requested action, including all relevant documents, plans, maps, deeds, agreements, etc. with this Request Form.**

Questions? Please Contact: [planner@ycpc.org](mailto:planner@ycpc.org) (717) 771-9870

**ADDITIONAL PROPERTY OWNER & PARCEL INFORMATION:**

PROPERTY OWNER'S NAME: \_\_\_\_\_

PHONE #: \_\_\_\_\_ (Home/Office) Cell: \_\_\_\_\_ EMAIL: \_\_\_\_\_

OWNER'S MAILING ADDRESS: \_\_\_\_\_

Uniform Parcel Identifier(s) (UPI): \_\_\_\_\_

Address of parcel: \_\_\_\_\_

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PROPERTY OWNER'S NAME: \_\_\_\_\_

PHONE #: \_\_\_\_\_ (Home/Office) Cell: \_\_\_\_\_ EMAIL: \_\_\_\_\_

OWNER'S MAILING ADDRESS: \_\_\_\_\_

Uniform Parcel Identifier(s) (UPI): \_\_\_\_\_

Address of parcel: \_\_\_\_\_

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PROPERTY OWNER'S NAME: \_\_\_\_\_

PHONE #: \_\_\_\_\_ (Home/Office) Cell: \_\_\_\_\_ EMAIL: \_\_\_\_\_

OWNER'S MAILING ADDRESS: \_\_\_\_\_

Uniform Parcel Identifier(s) (UPI): \_\_\_\_\_

Address of parcel: \_\_\_\_\_

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PROPERTY OWNER'S NAME: \_\_\_\_\_

PHONE #: \_\_\_\_\_ (Home/Office) Cell: \_\_\_\_\_ EMAIL: \_\_\_\_\_

OWNER'S MAILING ADDRESS: \_\_\_\_\_

Uniform Parcel Identifier(s) (UPI): \_\_\_\_\_

Address of parcel: \_\_\_\_\_