

TOWAMENSING TOWNSHIP SUPERVISORS

REQUEST FOR CONDITIONAL USE

(I/We) _____ of _____

(Name)

(Address)

request that the Towamensing Township Supervisors hold a Conditional Use Hearing for the following use _____ Section _____ of the Towamensing Township Zoning Ordinance.

The description of the property involved in this use is as follows:

Location: _____

Lot Size: _____ Zoning District: _____

Present Use: _____

Present Improvements upon Land _____

Proposed Use: _____

(I) (We) believe that the Board of Supervisors should approve this request for conditional use because:

Has any previous application or appeal been filed in connection with these premises?

Yes _____ no

What is the applicants interest in the premises affected?

(owner, agent, lessee. etc.)

What is the approximate cost of the work involved? _____

List all property owners of property within a distance of 500 feet from the exterior limits of the property involved in this request shown by the latest assessment roll of the County of Carbon. **Include the owners name, full address, and tax parcel number.**

| Name | Address |
|-------|---------|
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NOTE: This application must be filed in duplicate. The original shall be filed with the Township Supervisors and a copy with the Zoning Officer. A copy of the plan of real estate affected showing location and size of lot, the size of improvements now erected or proposed to be erected, or other change desired, a check for \$750.00 made out to Towamensing Township. together with any other information required by the Township Supervisors must be attached to each copy of this application. If more space is required, attach a separate sheet of each copy of this application and make specific reference to the question being answered.

I hereby certify all of the above statements and the statements contained in any papers or plans submitted herewith are true to the best of my knowledge and belief.

Dated: _____

(Signature owner/agent)

(Signature owner/agent)