

NORTH STRABANE TOWNSHIP

**CONDITIONAL USE APPLICATION**

NAME OF APPLICANT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

LOCATION OF PROPERTY TO BE CONSIDERED FOR CONDITIONAL USE:

\_\_\_\_\_

ZONE DISTRICT: \_\_\_\_\_ PRESENT USE: \_\_\_\_\_

CONDITIONAL USE BEING APPLIED FOR: \_\_\_\_\_

WILL ANY CHANGES OR ADDITIONS BE MADE IF CONDITIONAL USE IS GRANTED?

Yes \_\_\_\_\_ No \_\_\_\_\_ IF YES, PLEASE DESCRIBE: \_\_\_\_\_

\_\_\_\_\_

**NOTE:** A list of all property owners and addresses within a distance of three hundred feet (300') from all exterior limits of the property involved in this request must be provided.

**PART 13 of the North Strabane Township Zoning Ordinance must be adhered to as to the procedure and requirements for the specific conditional use approval.**

PLEASE PRESENT THIS APPLICATION ALONG WITH THE FEE AND TWO (2) COPIES OF ALL REQUIREMENTS FOR YOUR SPECIFIC CONDITIONAL USE TO THE TOWNSHIP OFFICE NO LATER THAN TWENTY (20) DAYS BEFORE THE SCHEDULED PLANNING COMMISSION MEETING.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date Submitted