



Request for Conditional Use Hearing

Applicants Name: _____
Street Address: _____
City & Zip: _____
Phone: _____ Cell Phone: _____

Owners Name: _____
Street Address: _____
City & Zip: _____
Phone: _____ Cell Phone: _____

Proposed Plan Name: _____

Property Location (Address): _____

Lot Size: _____ Zoning District: _____

To the Township Supervisors, I (we) the undersigned do hereby appeal to the Township Supervisors for review of our Conditional Use for, _____

Conditional Use Requested:

I (we) certify that the information provided is true and correct to the best of my (our) knowledge.

Signature/Owner _____

Date _____

**I hereby grant an extension of the time to hold a hearing until the _____
(2 months from date of application)**

Signature _____ Date _____

Application Fee - \$1000.00

Costs exceeding the initial Escrow amount will require additional fees as per Township Ordinance