

TOWNSHIP OF SOUTH STRABANE
550 WASHINGTON ROAD
WASHINGTON, PA 15301-9622
PHONE 724/225-9055 FAX 724/225-2035

CONDITIONAL USE/ZONING AMENDMENT/
CURATIVE AMENDMENT
APPLICATION

(I)(We) _____ of _____
Name Mailing Address

Request that a determination be made by the Township Supervisors and Planning Commission on the following application:

___ Conditional Use ___ Zoning Amendment ___ Curative Amendment

In particular Section _____, Subsection _____, Paragraph _____ of the Zoning Ordinance.

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

Location: _____

Lot Size: _____ Present Use: _____

Zoning District: _____

Present improvements upon land: _____

Proposed Use: _____

(I)(We) believe that the Board should approve this request because: (include the grounds for appeal or reasons both with respect to law and fact for granting the Conditional Use, Change of District Amendment or Curative Amendment)

Has any previous application or appeal been filed in connection with these premises? Yes _____ No _____

What is the applicant's interest in the premises affected (owner, agent, lessee)?

What is the approximate cost of the work involved? _____



Following are the names and addresses of owners of property within a distance of 300 feet from the exterior limits of the property involved in this appeal as shown by the latest assessment roll of the County of Washington.

NAME	ADDRESS
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

NOTE: Eleven copies of the plan of real estate affected showing the location and size of lot, the size of improvements now erected or proposed to be erected, or other changes desired, together with any other information required by the Township, must be attached to this location.

If more space is required, attach a sheet to this application and make specific reference to the question being answered.

A check in the amount of \$100.00 must accompany this application.

Applicant is also responsible for additional charges for the engineer's review to be billed at a later date.

I hereby certify that 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.

Signature

Phone Number

Date: _____

Fee paid:

Check No.: _____ Date: _____