

**FALLOWFIELD TOWNSHIP
CONDITIONAL USE
APPLICATION**

DO NOT WRITE IN THIS SPACE. FOR OFFICE USE ONLY.	
Date Hearing Advertised _____	Appeal No. _____
Fee Paid - Receipt No. _____	Date _____

FALLOWFIELD TOWNSHIP
CONDITIONAL USE
APPLICATION

(I) (We) _____

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

A Conditional Use
Zoning Amendment

Curative Amendment
(Change of District)

A 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** _____ **Zone District** _____

Present Improvements Upon Land:

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

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

YES _____ NO _____

What is the applicant's interest in the premises.

(Owner, Agent, Lessee, Etc.)

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 (11) copies of a site plan describing 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 application.

* 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 \$ 650.00 must accompany this application. Any extra amount spent by the Township will be paid by the applicant, for Zoning and Conditional use.

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

Area Code Telephone No.

Date: _____, 20____