

NORTH SEWICKLEY TOWNSHIP

**APPLICATION TO BOARD OF SUPERVISORS
FOR CONDITIONAL USE APPROVAL**

Application No. _____ Application Date _____

Name of Applicant: _____	
Address of Applicant: _____ _____	
Telephone No. () _____	Fax No. () _____
Location of Property: _____ _____	
Tax Parcel No. _____	Total Size/Acreage of Tract _____
Zoning District in which located: _____	

NOTE: FOR PROCESSING THIS APPLICATION

- a.) () Completed Zoning/Building Permit Application submitted herewith, and/or
- b.) () Completed preliminary Land Development Application submitted herewith.

Written Description of type of Conditional Use sought by this application (attach additional sheets if necessary):

North Sewickley Township Application to Board of Supervisors – Conditional Use

The Applicant must provide names and addresses of all property owners within two hundred (200) feet of the property involved in this Application. Attach additional sheets if necessary. This Application will not be accepted as complete unless this information is provided.

Name & Address of Owner:

Tax Parcel Number:

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North Sewickley Township Application to Board of Supervisors – Conditional Use

GENERAL INFORMATION: The Applicant is advised to become acquainted with, understand and be aware of all provisions of the North Sewickley Township Zoning Ordinance, and to secure legal counsel and/or technical assistance in the preparation and presentment of this Application. The required fee or fees must be submitted and paid at time of submission of this Application.

VERIFICATION

I or we the undersigned Applicant(s), completed and read the foregoing Application. The statements and data set forth therein is true and correct to the best of my knowledge, information and belief. This statement and verification are made subject to the penalties of 18 PA.C.S.A. Section 4904 relating to unsworn falsifications to authorities, which provides that if I or we knowingly make false statements or averments, I or we may be subject to criminal penalties.

Dated: _____

Applicant

Co-Applicant

Received of _____, the sum of \$ _____,
Fee for the above numbered Application to North Sewickley Township Board of
Supervisors.

Dated: _____, _____

Authorized Signature