

TOWNSHIP OF ROSTRAVER B BOARD OF COMMISSIONERS
APPLICATION FOR CONDITIONAL USES

Application is hereby made for a Conditional Uses and the following information is submitted:

1. Owner's Name: _____
Address: _____ Phone No.: _____
Email Address: _____ Fax No.: _____

2. Property Information:

Location: _____

Tax Map Number: 56-_____ Lot Size: _____

Deed is recorded in the recorder's office of Westmoreland County at:
Deed Book Vol._____, Page_____. Tax Map No._____. Property is presently zoned _____.

A. Attach three (3) copies showing the entire proposed project meeting the zoning provisions for the conditional use.

B. Proposed Use:

C. General Description: _____

3. List names and addresses of all adjacent property owners.

	<u>NAME</u>	<u>ADDRESS</u>	<u>ZIP</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____

4. Submit \$350.00 for all applications. Make check payable to Rostraver Township.

5. **THE ABOVE ITEMS AND ALL SUPPORTING DOCUMENTS FOUND IN CHAPTER 195 OF THE ROSTRAVER TOWNSHIP CODE MUST BE SUBMITTED TO THE MUNICIPAL OFFICE BY NOON TWENTY (20) DAYS PRIOR TO THE MONTHLY MEETING. IF ALL DOCUMENTS ARE NOT SUBMITTED TWENTY (20) DAYS PRIOR - YOUR REQUEST WILL NOT BE ON THE BOARD OF COMMISSIONERS AGENDA. MEETINGS ARE HELD ON THE FIRST WEDNESDAY OF EACH MONTH.**

Owners Signature

Applicant's Signature, If Different From Owner

For Office Use Only

Date Received: _____

Fee Received: _____

By: _____

NOTICE: THE INFORMATION IN THIS DOCUMENT IS SUBJECT TO DISCLOSURE.