

**TOWNSHIP OF ROSTRAVER - BOARD OF COMMISSIONERS**  
**APPLICATION FOR CONDITIONAL USE (BILLBOARD)**

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

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

2. Property Information:  
Property Address: \_\_\_\_\_  
Location: \_\_\_\_\_  
Tax Map Number: 56-\_\_\_\_\_ Zoning: \_\_\_\_\_  
Deed is recorded in the recorder's office of Westmoreland County at:  
Deed Book Vol.\_\_\_\_\_, Page\_\_\_\_\_.

**Attach three (3) copies showing the entire proposed project meeting the zoning provisions for the conditional use. (\*Please refer to Chapter 195 - Zoning and the attached page for more specific information)**

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.	_____	_____	_____

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

**THE ABOVE ITEMS AND ALL SUPPORTING DOCUMENTS ON THE ATTACHED PAGE 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.**

\_\_\_\_\_  
Owner's 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.**

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Supporting Documents and Information:

All of the following must be COMPLETED at the time of SUBMITTAL. Please note, if ALL Of THE FOLLOWING ARE NOT COMPLETE, YOUR SUBMISSION WILL NOT BE PLACED ON AN AGENDA. Please refer to Chapter 195. Zoning for more specific information.

Dimension of Signs:

Length \_\_\_\_\_ ft., Width \_\_\_\_\_ ft.

Height Above the Ground \_\_\_\_\_ ft. (To Top)

***Provide a drawing of the sign with dimensions***

Type of Construction:

Frame \_\_\_\_\_ Aluminum \_\_\_\_\_ Masonry/Stone \_\_\_\_\_ Illuminated \_\_\_\_\_

Other, please state \_\_\_\_\_

Sign Setbacks:

Front (From road Right-of-way) \_\_\_\_\_ Dwelling \_\_\_\_\_

***Provide a plot plan of property showing all existing buildings, roads, other signs, etc . and proposed sign and proposed setbacks. Provide a landscaping plan.***

List any previous sign permit numbers:

\_\_\_\_\_

DATE: \_\_\_\_\_ SUBMITTED BY: \_\_\_\_\_

If Applicable

SIGN COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_