Updated 4-3-08

TOWNSHIP OF ROSTRAVER 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.

	NAME	**ADDRESS**	**ZIP**
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 ON THE ATTACHED CHECKLIST 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

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For Office Use Only

Date Received: _____
Fee Received: _____ By: _____

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