

**SADSBURY TOWNSHIP
PO Box 261
SADSBURYVILLE, PA 19369**

CONDITIONAL USE APPLICATION

NAME OF APPLICANT(S) _____

ADDRESS _____

TELEPHONE _____

TAX PARCEL NUMBER _____

SIZE OF ENTIRE TRACT _____

LOCATION OF PARCEL _____

ZONING DISTRICT _____

LEGAL OWNER OF PARCEL _____

PROPOSED USE OF PARCEL _____

NAME AND ADDRESS OF ALL PROPERTY OWNERS ON THE SAME STREET OF THE PARCEL AND OWNERS OF ADJACENT STREET OF THE PARCEL.

(Continue on additional sheets as necessary)

RESOLUTION 2009-02 OF THE TOWNSHIP OF SADSBURY, PRESCRIBES THE RULES OF PROCEDURE AND ASSOCIATED FEES FOR A CONDITIONAL USE HEARING.

THIS FORM, PROPERLY COMPLETED, WITH ACCOMPANYING DOCUMENTATION AND PLOT PLANS (SEE ZONING OFFICER FOR DETAILS) AND A CHECK PAYABLE TO SADSBURY TOWNSHIP, IN THE AMOUNT OF \$2,500.00, SHALL BE PRESENTED TO THE ZONING OFFICER FOR PROCESSING. ANY HEARING WHICH IS CONTINUED FOLLOWING THE INITIAL HEARING SHALL REQUIRE AN ADDITIONAL ESCROW DEPOSIT OF \$500.00, PRIOR TO THE OPENING OF THE CONTINUED HEARING.

I (WE), the undersigned, do hereby submit the application for Conditional Use affecting property under my (our) ownership or the ownership of my (our) assigns or predecessors, in Sadsbury Township.

APPLICANTS SIGNATURE

DATE

PRINTED NAME AS SIGNED ABOVE

APPLICANTS SIGNATURE

DATE

PRINTED NAME AS SIGNED ABOVE

NOTARY (SIGNATURE AND SEAL)

FOR OFFICIAL USE ONLY

DATE RECEIVED _____ RECEIVED BY _____

CLOCK DATE _____

AMOUNT OF PAYMENT RECEIVED _____ CHECK # _____ CASH _____ OTHER _____

DATE GRANTED _____ DATE DENIED _____

REASON FOR DENIAL _____

