HOPEWELL TOWNSHIP

1700 Clark Blvd
Aliquippa, PA 15001
724-378-1460

APPLICATION FOR CONDITIONAL USE

A. Name of Applicant _____

Address _____

Phone Number _____

Location of Property _____

Interest of Property _____

Tax Parcel Number _____

B. Site of specific section of the Hopewell Township Zoning Ordinance which applies to the conditional use.
Article _____, Section _____, Subsection _____

C. Please provide below or, on a separate sheet, a written description of the type of conditional use sought and the grounds for this request.

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

D. Please attach a planned sketch of the property involved showing at least the following;

1. Total Land Area _____

2. Existing and Proposed Uses _____

3. Yard sizes, Setbacks, and Building Sizes _____

4. Zoning District_____

The appellant should also provide a general location sketch showing the surrounding land uses and a contour map of the property in question.

E. Miscellaneous

1. The appellant is advised to secure legal counsel to assist in the preparation and presentation of this appeal before the Zoning Hearing Board.

2. The appellant or counsel is aware of the provisions of the Hopewell Township Zoning Ordinance concerning appeal proceedings, criterion for review of appeals, and the specific articles and sections applicable to appellant's request.

3. The information requires on the application is complete.

4. A fee in the amount of $_____ is included with this application.

******CERTIFICATION******

The undersigned herby certifies that the information contained herein is true and correct to the best of my knowledge.

_____
Signature of Applicant

Sworn to and subscribed before me this _____ day of _____, 20_____

_____
Notary

TOWNSHIP USE ONLY

Appeal Number_____ Receipt Number_____ Fee_____

Date of Receipt of Application_____

HOPEWELL TOWNSHIP

APPLICATION FOR CONDITIONAL USE SUPPLEMENT

The applicant must provide names and addresses of all property owners within 300 feet of the property involved in this conditional use.

The application will not be complete unless this information is provided.

NAME OF OWNER ADDRESS (NUMBER AND STREET)