

APPLICATION FOR CONDITIONAL USE PERMIT
SOUTHAMPTON TOWNSHIP, FRANKLIN COUNTY, PENNSYLVANIA

Fee Received : _____

Application No: _____

By: _____

Date Received : _____

Notices : _____

Date Publication : _____

Date of Hearing : _____

Date of Action : _____

Action : _____

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Application is hereby made to the Board of Supervisors for a Conditional Use Permit in conformity with Article _____, Section _____, Subsection _____, Paragraph _____ of the Zoning Ordinance and any amendments thereto for the following described work :

1. Name of : _____ Address : _____ Phone # ; _____

Applicant _____

Lessee _____

Owner _____

Attorney _____

Architect _____

Engineer _____

Contractor _____

2. The subject property is located as follows :

3. The subject property is situated in a _____ Zoning District.

4. Existing use of land and/or building is _____

5. The applicant requests a Conditional Use Permit for the use of the property above for a _____ as provided under the provisions of Article _____, Section _____ of the Zoning Ordinance,

and in support thereof submits the following documents :

- a) A certificate of ownership
- b) A completed Building Permit Application
- c) A completed Preliminary Subdivision Plat Application
- d) A proposed Site Development Plan
- e) A Vicinity Map
- f) Subdivision Water and Sewage report
- g) Soil Percolation Test Report
- h) Other (specify) _____

6. The applicant alleges that the proposed Conditional Use :

a) Would be in harmony with the character of the neighborhood because

b) and that it would not be detrimental to the property or persons in the neighborhood because

7. In addition to meeting the standards prescribed by the Zoning Ordinance, the applicant will provide _____

in order that the public convenience and welfare will be further served.

Applicant _____ Date _____

Nothing in the application shall relieve the owner or his agent, the developer or the applicant from the necessity of obtaining Subdivision or land Development plan approval in accordance with township subdivision and land development ordinance, if applicable.

Referral to :	Date	Approved	Disapproved
Franklin County Planning Commission	_____	_____	_____
Southampton Township Planning Commission	_____	_____	_____
Township Engineer	_____	_____	_____
Other Agency (Specify)	_____	_____	_____
Municipality	_____	_____	_____
Person (Specify)	_____	_____	_____