

NORTH FRANKLIN TOWNSHIP

620 Franklin Farms Road

Washington, PA 15301

Phone (724) 228-3330

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Conditional Use / Zoning Amendment Curative Amendment Application

I/We _____ of _____
Print Name Mailing Address

Request that a determination be made by the Township Supervisors and Planning Commission on the following application:

___ Conditional Use ___ Zoning Amendment ___ Curative Amendment

In particular Section _____, Subsection _____, Paragraph _____ of the Zoning Ordinance.

The description of property involved in this appeal is as follows:

Location: _____

Lot Size: _____

Zoning District: _____

Present Land Improvements _____

Proposed Use: _____

I/We believe that the Board should approve this request because: (Include the grounds for appeal or reasons both with respect to the law and fact for granting the Conditional Use, Change of District Amendment or Curative Amendment)

Has any previous application or appeal been filed in connection with these premises? Yes__ No__

What is the applicant's interest in the premises affected (i.e. Owner, Agent, and Lessee)? _____

What is the approximate cost of the work involved? _____

