

# NORTH FRANKLIN TOWNSHIP

620 Franklin Farms Road

Washington, PA 15301

Phone (724) 228-3330

Fax (724) 228-2150

## 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)

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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? \_\_\_\_\_

Following are the names and addresses of owners of property within a distance of 300 feet from the exterior limits of the property involved in this appeal as shown by the latest assessment roll of the County of Washington.

Name	Address
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Note:** Eleven (11) copies of the plan of real estate affected showing the location and size of lot, the size of improvements now erected or proposed to be erected, or other changes desired, together with any other information required by the Township, must be attached to this location.

If more space is required, attach a separate sheet to this application and make specific reference to the question being answered.

A Check, payable to North Franklin Township, must accompany this application for all appropriate fees:

- Conditional Use-         \$400.00
- Zoning Amendment-    \$600.00
- Curative Amendment-  \$600.00

I hereby certify that all above statements and the statements contained in any papers or plans submitted herewith are true and to the best of my knowledge and belief.

		_____ Applicant's Signature
_____ Zoning Officer Signature	_____ Date Accepted	_____ Phone Number
		_____ Email

**DO NOT WRITE IN THIS SPACE. FOR OFFICE USE ONLY.**

Date Hearing Advertised \_\_\_\_\_ Appeal No. \_\_\_\_\_

Fee Paid – Receipt No. \_\_\_\_\_ Date \_\_\_\_\_

\* All fees shall be paid in advance. In addition to the \$100.00 filing fee, the applicant shall be charged the stenographer's appearance fee for the public hearing and for each separate continuation of the public hearing on the applicant's appeal.

\*\* All legal, engineering or other costs incurred by the Township will be reimbursed in full by the applicant.