



Conditional Use, Curative Amendment, & Zoning Amendment Permit Application

615 Vanceville Road, Eighty Four, PA 15330

Lindsey Strack, *Planning and Zoning Coordinator*

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Floodplain? Yes No

Permit #

Location Address: _____ Parcel ID# _____

Owner: _____ Phone #: _____

Owner's Address: _____ Email Address: _____

_____ @ _____ .com

I/We are requesting that a determination be made by the Somerset Township Board of Supervisors and the Somerset Township Planning Commission on the following application.

- Application Type: Conditional Use \$ 450.00
- Curative Amendment \$ 650.00
- Zoning Amendment \$ 650.00

❖ Applicant shall be responsible for the cost of Advertising, Legal, Engineering, & Court Reporter.

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

Lot Size: _____ Total Acreage: _____ Zoning District: _____

Present Land Improvements:

Proposed Use:

I/We believe that Somerset Township Board of Supervisors should approve this request because: (Include ground for the appeal or reasons both with the respect to the law and face for granting the Conditional Use, Curative Amendment, or Zoning Amendment.)

Has any previous application or appeal been filed in connection with these premises? Yes No

What is the applicant's interest in the remises affected? _____

What is the approximate cost of the work involved? _____

List below the following names and addresses of owners or property within three-hundred (300) feet from the exterior limits of the property involved in this appeal, as shown by the latest assessment roll in Washington County.

Name:	Address:

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

All fees shall be paid in advance. 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, and /or other costs incurred by Somerset Township will be reimbursed in full by the applicant.

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

Signature: _____ Print: _____ Date: _____

For Township Staff Use Only

Approved

Denied

Zoning Officer: _____ Date: _____

Planning and Zoning Coordinator: _____ Date: _____

Advertised Hearing: _____ Date: _____

Somerset Township Board of Supervisors: _____ Date: _____

Appeal #: _____

Comments / Conditions: _____