Clifton Township

361 State Route 435 Clifton Township PA 18424 Office: 570-842-4272 Email: Secretary@cliftontownship.com

APPLICATION FOR CONDITIONAL USE

PROJECT NAME:	
herewith, is trust and agree to comply with	t that the information provided herein, and on the plans and documents submitted correct and request that a conditional use permit be issued in reliance thereon. I/We the Clifton Township Zoning Ordinance as amended and any condition of approval rd of Supervisors and agreed to me/us.
APPLICANT	
Name:	
Telephone:	Email:
Signature:	
Interest in Property	Owner Tenant Agreement of Sale Other
PROPERTY OWNER (if	different than applicant)
Name:	
Address:	
	Email:
Deed Book:	Page:
Signature:	
PROPERTY INFORMAT	ON
Proposed Use:	
Existing Use:	
	ute number, etc.)
	 General Commercial ☐ I − Industrial ☐ CT − Communications Tower Overlay Density, Single-Family Housing Residential ☐ OS-W − Open Space-Wetlands
Lot Size.	

APPLICANT:			
ADJOINING PROPERTY INFORMATION			
Describe any existing uses or buildings of	on adjoining prop	erties, listing each separately.	
PERFORMANCE STANDARDS			
Attach a narrative which addresses the contained in the Zoning Ordinance.	conditional use s	tandards, and any other applicable standards	
SITE PLAN			
water supply, sewage disposal, and any a Ordinance. Any proposal involving	additional informathe construction	es, existing/proposed buildings, parking, access dri ation required to document compliance with the Zon of a commercial structure is considered a "l vision and Land Development Ordinance.	ning
SUBMISSION			
• • • • • • • • • • • • • • • • • • • •		empanied by six (6) sets of applications, site plans the Clifton Township Conditional Use Developm	
CERTIFICATION OF OWNERSHIP AND A	CKNOWLEDGEM	ENT OF APPLICATION	
Commonwealth of Pennsylvania, County of	Lackawanna		
On this day of	20, b	efore me, the undersigned officer, personally appeared	:
Who is being duly sworn according to law, of the property described in this application a law.	 disposes and says t nd that the said ap	hat are the owner polication and to the submission of the same as provided	s of d by
Printed Name of Property Owner		Signature of Property Owner	-
Printed Name of Notarial Officer My Commission Expires	, 20	Signature of Notarial Officer	-
TOWNSHIP USE ONLY			
Application Receipt Date:	Fee: \$	Date Fee Received:	
Received By:			