

**AMHERST TOWNSHIP – BOARD OF ZONING APPEALS**  
**APPLICATION for CONDITIONAL USE PERMIT**

Please **PRINT** or **TYPE**.

Application Date: \_\_\_\_\_

Name and Address of Applicant(s):

Name and Address of Property Owner(s):

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Home/Cell Phone # \_\_\_\_\_

Home/Cell Phone # \_\_\_\_\_

Email Address: \_\_\_\_\_

Business Phone # \_\_\_\_\_

Street Address or Location of Case to be considered (if same as above write '**SAME**'): \_\_\_\_\_

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Permanent Parcel Number(s): \_\_\_\_\_

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Current Zoning Designation: \_\_\_\_\_

Applicant's Description of Proposed Conditional Use: \_\_\_\_\_

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You may have legal counsel (attorney) at the hearing.

Will you have an attorney present at the hearing?

Yes \_\_\_\_\_

No \_\_\_\_\_

Will you have professionals (architects, engineers, etc.)  
present at the hearing?

Yes \_\_\_\_\_

No \_\_\_\_\_

Please list name and profession of those who will be attending:

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***Please refer to Article 2300 "Conditional Use Permits" of the Amherst Township Zoning Resolution.***

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The following items must accompany the completed application in order for a hearing to be scheduled:

- \_\_\_\_\_ Conditional Use Permit Fee: \$\_\_\_\_\_
- (Payment by check only, payable to “**Amherst Township**”)
- \_\_\_\_\_ Proposed Plot Plan for Conditional Use showing the location of all buildings, parking and loading areas, traffic areas and circulation, open spaces, landscaping, refuse and service areas, utilities, signs, and yards
- \_\_\_\_\_ County Parcel Map
- Include parcel(s) under appeal, parcels that are contiguous, and parcels across the street along with all Permanent Parcel(s) Numbers
- \_\_\_\_\_ Deed – Legal Description
- \_\_\_\_\_ Pictures of the Property
- \_\_\_\_\_ List of all of the property owners, along with their mailing addresses, that are contiguous to and directly across the street from property subject to hearing
- \_\_\_\_\_ Attach a short narrative statement that evaluates the economic and environmental impact of the proposed use on adjoining property

**Eleven (11)** copies of this completed application, plus attachments, must be submitted to the Zoning Inspector.

\_\_\_\_\_  
Applicant's Signature Date

\_\_\_\_\_  
Applicant's Signature (if more than one) Date

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*(Official Use Below)*

Date Completed Application was Received: \_\_\_\_\_

Zoning Inspector's Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Zoning Inspector's Signature Date