

APPLICATION FOR CONDITIONAL USE PERMIT

Coitsville Township Board of Zoning Appeals

Case No. _____

The undersigned request a conditional use permit for the use specified below. Should this application be approved, it is understood that it shall only authorize that particular use described in this application and any conditions or safeguard required by the Board. If this use is discontinued for a period of more than one (1) year, this permit shall automatically expire.

Name of Applicant _____

Mailing Address _____

Phone Number(s): Home _____ Business _____ Cell _____

Location Description: Parcel ID Number _____

Property Owner _____

Address _____

Presently zoned as _____

Description of Conditional Use _____

Supporting Information

Attach a plan for the proposed use showing the location of buildings, parking/loading areas, traffic access and circulation drives, open spaces, landscaping, utilities, sign, yards and refuse and service areas. Also, attach a narrative statement relative to the above requirements and also explain the economic, noise, glare, and odor effects on adjoining property and the general compatibility with adjacent and other properties in the district.