



# POLK TOWNSHIP SUPERVISORS

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## CONDITIONAL USE APPLICATION TOWNSHIP OF POLK COUNTY OF MONROE

DATE OF HEARING: \_\_\_\_\_

APPLICANT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME/OFFICE PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

NAME OF LANDOWNER: \_\_\_\_\_

NOTE: IF LANDOWNER IS NOT APPLICANT, AUTHORIZATION TO ACT ON THE LANDOWNERS BEHALF MUST BE PRESENTED WITH THE APPLICATION

ADDRESS: \_\_\_\_\_

HOME/OFFICE PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

CITE ALL APPLICABLE SECTIONS OF ZONING ORDINANCE: \_\_\_\_\_

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DESCRIBE PROPERTY FOR WHICH APPLICATION IS FILED: \_\_\_\_\_

ZONING CLASSIFICATION: \_\_\_\_\_ LOT SIZE: \_\_\_\_\_

PRESENT USE: \_\_\_\_\_ PROPOSED USE: \_\_\_\_\_

APPROXIMATE COST OF PROPOSED WORK: \_\_\_\_\_

EXISTING IMPROVEMENTS ON THE LAND: \_\_\_\_\_

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JUSTIFICATION FOR REQUEST:

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HAS A PREVIOUS APPLICATION BEEN FILED WITH THE BOARD FOR THIS PROPERTY? \_\_\_\_\_

PAGE 2 - **CONDITIONAL USE APPLICATION**

PLEASE PROVIDE THE NAMES & ADDRESSES OF OWNERS OF PROPERTY WITHIN 200 FEET FROM THE EXTERIOR LIMITS OF THE PROPERTY FOR WHICH THIS APPLICATION IS FILED AS SHOWN ON THE LATEST ASSESSMENT ROLLS OF THE COUNTY OF MONROE.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

THIS APPLICATION MUST BE ACCOMPANIED BY THE REQUIRED FEE AND THREE (3) COPIES OF A PLOT PLAN FOR THE PROPERTY

COMMONWEALTH OF PENNSYLVANIA

COUNTY OF MONROE

I \_\_\_\_\_, HEREBY DEPOSE AND SAY THAT ALL OF THE ABOVE STATEMENTS AND STATEMENTS CONTAINED IN THE PAPERS SUBMITTED HEREWITH ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

DATE: \_\_\_\_\_ SIGNATURE OF APPLICANT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

RECEIVED DATE: \_\_\_\_\_ RECEIVED AMOUNT: \_\_\_\_\_

CHECK #: \_\_\_\_\_ CASH: \_\_\_\_\_