

Date Submitted _____ Fee: \$500. Paid: _____ Rec'd by: _____

Please submit to:

**PENN TOWNSHIP BOARD OF SUPERVISORS
228 CLIFFORD ROAD
SELINGROVE, PA 17870
(570) 374-4778 FAX (570) 374-4931**

APPLICATION FOR CONDITIONAL USE

I/ we hereby apply for conditional use from the Penn Township Board of Supervisors and represent as follows:

Applicant(s) Name: _____

Mailing Address: _____

Phone Contact: _____ Cell - _____

Attorney (if applicable): _____ Phone: _____

Location or Address of property: _____

Owner of property (if different from applicant): _____

Tax Map and Parcel No: _____ Zoning District _____

The Sections and Provisions of the Penn Township Zoning Ordinance, 2005-01, effective January 24th, 2005 and amended 7/17/07, NO: 2007-02, from which the conditional use is requested: (See Article VIII)

The specific conditional use that is being requested:

The necessity for the conditional use(s) requested:

NOTE: Attach and submit copies of any material, which explains your intentions, i.e., pictures, land development plans, plot plans, permit applications etc.

Signature of Applicant(s) _____ Date: _____