

Date Submitted \_\_\_\_\_ Fee: **\$600.** Paid: \_\_\_\_\_ Rec'd by: \_\_\_\_\_

Please submit to:

**PENN TOWNSHIP BOARD OF SUPERVISORS**  
**228 CLIFFORD ROAD**  
**SELINSGROVE, 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: \_\_\_\_\_  
\_\_\_\_\_

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

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, 2022-01, effective July 18<sup>th</sup>, 2022 from which the conditional use is requested: (See Article XI)*

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

*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: \_\_\_\_\_