

LEHMAN TOWNSHIP
APPLICATION FOR A CONDITIONAL USE

APPLICATION NO. _____

1. NAME AND ADDRESS OF APPLICANT:

2. NAME AND ADDRESS OF OWNER OF RECORD, IF THE APPLICANT IS NOT THE OWNER OF THE SUBJECT PROPERTY:

3. ZONING DISTRICT IN WHICH THE SUBJECT PROPERTY IS LOCATED:

4. PRESENT USE OF LAND AND/OR STRUCTURE(S):

5. TYPE OF CONDITIONAL USE AND COMPLETE DESCRIPTION OF PROPOSED USE OF LAND AND/OR STRUCTURE: USE ADDITIONAL SHEETS IF NECESSARY:

6. ARE ALL REQUIRED DRAWINGS AND ALL SUPPORTING MATERIAL AS REQUIRED UNDER ARTICLE 8 OF THE ZONING ORDINANCE.

YES NO

LIST THE SUPPORTING DOCUMENTATION BELOW:

7. DATE OF MEETING FOR PLANNING COMMISSION REVIEW OF APPLICATION: _____

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED WITHIN THIS APPLICATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I FURTHER AGREE TO PAY FOR ALL CONSULTING FEES INCURRED BY LEHMAN TOWNSHIP FOR THE REVIEW OF THIS APPLICATION, ACCOMPANYING PLANS AND FOR INSPECTION OF SITE WORK AS SO REQUIRED AND DIRECTED BY LEHMAN TOWNSHIP. SAID PAYMENT, IN FULL, SHALL BE SUBMITTED TO LEHMAN TOWNSHIP WITHIN 30 DAYS FROM BILLING DATE INDICATED UPON THE INVOICE OR NOTICE OF PAYMENT. I FURTHER CERTIFY AND AGREE TO PROVIDE THE TOWNSHIP WITH "AS BUILT" DRAWINGS OF ALL IMPROVEMENTS PRIOR TO FINAL APPROVAL.

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF OWNER

DATE

THE OWNER'S SIGNATURE IS ALWAYS REQUIRED. FAILURE TO PROVIDE OWNER'S SIGNATURE WILL RESULT IN YOUR APPLICATION BEING DEEMED INCOMPLETE AND IT WILL BE RETURNED TO YOU.

FOR TOWNSHIP USE ONLY

- A. Conditional Use Permit Application Number: _____
- B. Date of Submission of Application: _____
- C. Publication Dates of Public Notice: _____
- D. Date of Public Hearing: _____
- E. Recommendation of Planning Commission: _____
- F. Decision of Board of Supervisors: _____
- F. Date Decision Rendered: _____
- G. Date of Notification of Decision: _____
(To Applicant)