

UNION TOWNSHIP

3904 Finley-Elrama Road, Finleyville, PA 15332

Phone 724/ 348-4250 Fax 724/ 348-9400

www.uniontwp.com

Conditional Use / Zoning Amendment Curative Amendment Application

I/We _____ of _____
Print Name Mailing Address

Request that a determination be made by the Township Supervisors and Planning Commission on the following application:

____ Conditional Use ____ Zoning Amendment ____ Curative Amendment

In particular Section _____, Subsection _____, Paragraph _____ of the Zoning Ordinance.

The description of property involved in this appeal is as follows:

Location: _____

Lot Size: _____

Zoning District: _____

Present Land Improvements _____

Proposed Use: _____

I/We believe that the Board should approve this request because: (Include the grounds for appeal or reasons both with respect to the law and fact for granting the Conditional Use, Change of District Amendment or Curative Amendment)

Has any previous application or appeal been filed in connection with these premises? Yes__No__

What is the applicant's interest in the premises affected (i.e. Owner, Agent, and Lessee)? _____

What is the approximate cost of the work involved? _____

Following are the names and addresses of owners of property within a distance of 300 feet from the exterior limits of the property involved in this appeal as shown by the latest assessment roll of the County of Washington.

Name	Address
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Note: Fifteen (15) copies of the plan of real estate affected showing the location and size of lot, the size of improvements now erected or proposed to be erected, or other changes desired, together with any other information required by the Township, must be attached to this location.

If more space is required, attach a separate sheet to this application and make specific reference to the question being answered.

A Check, payable to Union Township, must accompany this application for all appropriate fees:

- Conditional Use- \$1500.00
- Zoning Amendment- \$1000.00
- Curative Amendment- \$1500.00

These fees are a minimum cash deposit to be held in escrow against any expense involved. Applicant is responsible for payment of additional expense sove\$1500.00 Applicant is also responsible for additional charges for the engineer’s review to be billed at a later date.

I hereby certify that all above statements and the statements contained in any papers or plans submitted herewith are true and to the best of my knowledge and belief.

Date: _____

Signature

Phone #

Check No: _____

Amount Paid: _____