



NESHANNOCK TOWNSHIP, LAWRENCE COUNTY
CONDITIONAL USE APPLICATION

Address of Property_____

County Assessor's Tax Map Parcel Number_____

Acreage of Property_____

Present Use of Property_____

Zoning Classification of Property_____

Proposed Use of the Property_____

Name of Applicant_____

Address of Applicant_____

Telephone No._____ E-mail Address_____

Name of Landowner_____
(If different than Applicant)

Address of Landowner_____

Telephone No._____ E-mail Address_____

NOTE: If the applicant is not the landowner, an option agreement or other evidence of authorization to act on behalf of the landowner must be submitted with the conditional use application.

**THE PERSON WHO HAS AUTHORITY TO REPRESENT APPLICANT/OWNER WITH WHOM
PRIMARY CONTACT SHOULD BE MADE ON THIS PLAN:**

Name_____

Address_____

Telephone No._____ E-mail Address_____

Has there been a previous application for a conditional use submitted for this property?
_____ Yes _____ No.

If yes, give date when said previous conditional use was submitted and the results (granted or denied).

Date _____

Results _____

Does applicant consent to on-site observation by Municipal Officials and/or appointees?
_____ Yes _____ No

Written Statement of Compliance with Applicable Standards and Criteria of Municipal Zoning Ordinance: Enclosed _____ Yes _____ No

Verification

I, _____, hereby depose and say that all above statements and the statements contained in the application papers submitted are true to the best of my knowledge and belief.

Signature of Applicant

Date

OFFICE USE ONLY

Date application received by Township: _____

Application Fee Paid? _____ Yes _____ No

Date Application Fee Paid _____ Check No. _____