

New Beaver Borough
Application for Conditional Use Approval

NO APPLICATION SHALL BE OFFICIALLY RECEIVED UNLESS ALL OF THE FOLLOWING CONDITIONS ARE MET:

- All required portions of the application must be completed.
- The application must be signed.
- All required attachments must be provided.
- The required filing fee must be paid.

Name of Applicant _____

Address _____

Email Address _____ Telephone (____) _____

If Applicant is not the property owner, provide the name and address of the owner.

Name _____ Telephone (____) _____

Address _____

Location/Address of the premises _____

Tax Parcel/Lot Number _____

The zoning district of the subject premises _____

The subject real estate was conveyed to the above named Owner by deed of
_____ dated _____ and appearing of record
in County Deed Book _____ Page _____

If premises are in a recorded subdivision, state the name of subdivision _____
The Subdivision is filed of record in County Plan Book _____ Page _____

Application for Conditional Use Approval, New Beaver Borough

Current Use: _____ Proposed Use: _____

Current Improvements: _____ Proposed Improvements: _____

A COPY OF THE DEED MUST BE ATTACHED TO THIS APPLICATION.

A PLAN OR PLOT OF THE SUBJECT PARCEL MUST BE ATTACHED TO THIS APPLICATION SHOWING ABUTTING STREETS AND ROADS, CURRENT AND PROPOSED IMPROVEMENTS, LOT DIMENSIONS, TOTAL ACREAGE, SETBACKS AND ABUTTING PROPERTY OWNERS.

APPLICANTS MUST SUBMIT WITH THE APPLICATION A DETAILED NARRATIVE DESCRIBING EXACTLY WHAT IS BEING PROPOSED AND WHAT ACTION IS BEING REQUESTED BY THE PLANNING COMMITTEE AND BOROUGH COUNCIL.

APPLICANT MUST BE PRESENT AT THE SCHEDULED MEETING OF THE BOROUGH COUNCIL FOR REVIEW AND ACTION TO BE TAKEN ON THE CONDITIONAL USE APPLICATION.

I HEREBY CERTIFY THAT I AM AUTHORIZED TO MAKE THIS APPLICATION AND THAT THE STATEMENTS MADE HEREIN AND THE REPRESENTATIONS CONTAINED IN ALL ACCOMPANYING MATTER MADE PART OF THIS APPLICATION ARE TRUE AND CORRECT.

Dated this _____ day of _____, 20____.

Applicant Signature

Owner Signature

Print name

Print Name

COMPLETE ONLY IF APPLICANT IS A CORPORATION, LLC OR PARTNERSHIP

Name of Entity _____

Signature and title of officer or partner

Print Name and Title