

PROCESSING OF CONDITIONAL USE APPLICATION

APPLICANT SUBMITS A COMPLETED CONDITIONAL USE APPLICATION

- ◆ Provide payment based on the current Conoy Township Fee Schedule. Payment shall be made via cash or check payable to Conoy Township.
- ◆ Provide a time extension request, if applicable. Check with Township office.

CONDITIONAL USE ACKNOWLEDGEMENT

- ◆ Conditional use request will be placed on the next available Board of Supervisors agenda for acknowledgement and to set the date for the public hearing.

PLANNING COMMISSION MEETINGS & PUBLIC HEARING

PLANNING COMMISSION

- ◆ Following acknowledgement, the conditional use will be placed on the next available Planning Commission meeting agenda
 - ◆ The Planning Commission meets the first (1st) Tuesday of each month at 6:00 pm.
 - ◆ The applicant should be prepared to give a brief presentation and answer any questions from the Planning Commission.
 - ◆ The Planning Commission will make a recommendation on the conditional use request and the recommendation will be forwarded to the Supervisors.

PUBLIC HEARING

- ◆ At the public hearing you or your representative will be required to demonstrate compliance with Section 605.2 of the Zoning Ordinance. The Supervisors meetings begin at 6:00 pm.
- ◆ The Board of Supervisors will render a decision at this same meeting or may choose to act at their next scheduled meeting.

CONOY TOWNSHIP

Municipal Building
211 Falmouth Road
Bainbridge, PA 17502



Telephone (717) 367-4927 or (717) 367-4991
Fax (717) 367-6299
Email: conoytownship@conoytownship.org

CONDITIONAL USE APPLICATION

Application No. _____
For Township Use Only

Name of Applicant: _____

Location of Property: _____

Tax Parcel ID Number: _____ Zoning District: _____

Date of Application: _____

Application Required for:

_____ Land Use with Land Development

_____ Land Use Approval Only

Applicants Name: _____

Mailing Address: _____

Phone # _____ Fax #: _____ Email: _____

Property Owner Name: _____

Mailing Address: _____

Phone # _____ Fax #: _____ Email: _____

Project Attorney: _____

Mailing Address: _____

Phone # _____ Fax #: _____ Email: _____

Project Engineer: _____
Mailing Address: _____
Phone # _____ Fax #: _____ Email: _____

Present Use of the Property: _____
Lot Size: _____ acres/square feet
Date of acquisition of this property by the owner: _____
List each structure and its current use located on this property: _____

State the section or sections of the Zoning Ordinance the applicant is seeking conditional use approval of, along with a narrative: *(Such information can be attached to this form if additional space is needed)*

The following is a list of questions designed to assist you and the Conoy Township Board of Supervisors in the efficient and speedy review of your Conditional Use Application. Please thoroughly answer all questions which are applicable to your project. If you believe a question does not pertain to your project, please indicate by answering "Not Applicable" on this form. All questions must be answered to consider this application form complete.

1. What is the applicant's interest in the premises affected? (i.e. owner, equitable owner, tenant)

2. What type of sewage and water facilities are present on the property? If facilities are not present on this property please refer to question 11.

3. Are there any outstanding state or federal violations cited on this property at the time of this application? _____

If yes, please explain these violations below:

4. Has any previous zoning appeal been filed in connection with this property? _____

If yes, list applicant's name, date and nature of appeal: _____

5. Does the applicant intend to file any other type of zoning appeal for this project? _____

If yes, please check the type of zoning appeal sought:

_____ Variance

_____ Special Exception

_____ Interpretation of Zoning Ordinance

_____ Enforcement Notice appeal

_____ Other

6. What is the exact use proposed for the property? List hours of operation, number and type of employees, business equipment to be used or stored at the site, nature of the normal business operations. *(Such information can be attached to this form if additional space is needed).*

7. Are additional state, federal or other permits required to operate the proposed use or construct the structure? _____ If yes, please provide a list of permits (and their status) required to operate the proposed use or structure.

8. Describe the landscaping proposed for this project. Please indicate the type of landscaping buffer proposed, if any.

9. What is the character of the buildings and uses on abutting properties and what is the general character of the surrounding neighborhood? *(Such information can be attached to this form if additional space is needed)*

10. What will the impact of this use be on existing traffic patterns and volumes and has a traffic study been done? Also, please specify the amount of parking spaces and unloading areas as specified in the current Township Zoning Ordinance.

11. What will the impact of this use be on existing sewage or potable water infrastructure? Does this project comply with Act 537 and has the applicant secured DEP Sewage Facilities Planning Module approval? Will this project need municipal water or will individual wells be supplied to each dwelling unit or building? If a private water and sewer system is proposed, please indicate this within this section. An engineering study and plan should be done prior to the submission of this conditional use application for sewer and water supplied in order to supply the information needed for the Board of Supervisors to determine conditional use approval.

12. What degree will the proposed conditional use emit smoke, dust, odor or other air pollutants, noise, vibration, light, electrical disturbances, water pollutants, or chemical pollutants? Such evidence may include the proposed use of proven special structural or technological innovations. Please provide specific and detailed information on all of the aforementioned topics. *(Such information can be attached to this form if additional space is needed)*

13. Will the conditional use requested, if authorized, alter the essential character of the neighborhood or district in which the property is located, or substantially or permanently impair the appropriate use of development of adjacent property, or be detrimental to the public welfare? Please give reasons for your answers to the aforementioned questions by explaining below: *(Such information can be attached to this form if additional space is needed)*

14. (I) (WE) believe that the Board should approve this request because: (include grounds for the conditional use or reasons both with the respect to law and fact for granting the conditional use requested. *(Such information can be attached to this form if additional space is needed)*)

15. Comments, other relevant information: _____

THE APPLICANT SHALL SUBMIT THE FOLLOWING DOCUMENTATION WITH THIS APPLICATION:

1. ONE (1) ORIGINAL APPLICATION, PLUS 16 COPIES
2. SEVENTEEN (17) COPIES OF A PLOT PLAN OR TAX MAP, ACCURATELY DRAWN TO SCALE. PLUS AN 11 x 17" SIZE OF THE PLAN
3. SEVENTEEN (17) COPIES OF A SKETCH PLAN ILLUSTRATING THE ACTION REQUESTED.
4. PHOTOGRAPHS OF THE SUBJECT PROPERTY.
5. PROOF OF OWNERSHIP OR THE RIGHT TO UTILIZE THE PROPERTY FOR THE ACTION REQUESTED.
6. THE REQUIRED APPLICATION FEE AS PRESCRIBED BY CONOY TOWNSHIP.

I _____ (AUTHORIZED REPRESENTATIVE OF THE APPLICANT) HEREBY REQUEST REVIEW OF THIS APPLICATION BY CONOY TOWNSHIP. TO THE BEST OF MY KNOWLEDGE, ALL OF THE INFORMATION CONTAINED WITHIN THIS APPLICATION IS TRUE, CORRECT AND COMPLETE.

1. I HEREBY PERMIT ANY ELECTED, APPOINTED AND/OR ASSIGNED STAFF MEMBER OF CONOY TOWNSHIP TO ENTER THE EXTERIOR PREMISES OF THE SUBJECT PROPERTY IN WHICH THIS APPLICATION PERTAINS FOR THE PURPOSES OF CONDUCTING SITE INSPECTIONS WHILE THE PROPOSED APPLICATION IS BEING CONSIDERED BY CONOY TOWNSHIP.
2. I HEREBY AGREE TO PAY ALL CONSULTANT, ADMINISTRATIVE AND/OR APPLICATION FEES REQUIRED FOR THE REVIEW OF THIS APPLICATION.
3. I HEREBY UNDERSTAND THAT THE CONOY TOWNSHIP BOARD OF SUPERVISORS ARE NOT OBLIGATED TO APPROVE THIS CONDITIONAL USE APPLICATION.

Signature of Applicant or Authorized Rep.

Date of Application

FOR MUNICIPAL USE ONLY

Application Name: _____

Submission Date: _____

Township Fee: _____

Date Paid: _____

Application Completeness Review: _____

Planning Commission Review Date: _____

Board of Supervisors Hearing Date: _____

Other: _____
