

APPLICATION FOR SPECIAL EXCEPTION

Official Use Only
Application No.: _____
Fee \$: _____
Date Paid: _____

THE PLANNING COMMISSION SHALL CONSIDER AS OFFICIALLY RECEIVED ONLY THOSE APPLICATIONS THAT ARE ADMINISTRATIVELY COMPLETE, SIGNED, HAVE ATTACHED THE CORRECT NUMBER OF COPIES OF ALL REQUIRED EXHIBITS AND DATA, AND FOR WHICH THE FILING FEE AND APPLICATION FEE ARE PAID IN FULL.

TO BE COMPLETED BY APPLICANT:

1. Name of Applicant(s): _____

2. Address of Applicant(s): _____

3. Telephone Number where Applicant can be reached during normal business hours:

4. E-Mail address of Applicant: _____
5. Applicant's Attorney: _____
Telephone Number: _____
6. Applicant's Surveyor or Engineer: _____
Telephone Number: _____
7. Tax Parcel Number(s) of property under consideration:

8. General location of property under consideration:
Street Number: _____
Nearest Road Intersection: _____

9. Owner(s) of property under consideration:
Name: _____ Address: _____
Name: _____ Address: _____

10. Proprietary interest of Applicant:
Owner: _____
Option on Property: _____
Other, Explain: _____

A copy of Certificate of Title or Option Agreement must be submitted.

11. Name of Subdivision/Land Development: _____

12. Official Zoning District(s) of property under consideration:

13. Existing use of Land:
Vacant/Open: _____
Agriculture: _____
Forest: _____
Residential: _____
Commercial: _____
Industrial: _____
Other (specify): _____

14. List of existing structures on land:
Signs(s): _____ Number of: _____
House(s): _____ Number of: _____
Garage(s): _____ Number of: _____
Other structures (specify or explain): _____

15. Section of Zoning Ordinance under which Conditional Use Approval is requested:

16. Grounds upon which Conditional Use Approval is requested: _____

17. Submitted with this Application, attached, or made a part of, are the following Exhibits. Indicate N/A (Not Applicable) where Applicant does not intend to submit a

particular Exhibit, since Exhibit is not part of, or applicable to, the proposed Conditional Use Application.

Title	Submitted	Number of Pages
Exhibit No. 1: Land Development Plan or Building Plan (as applicable).	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Exhibit No. 2: Written statement demonstrating compliance with applicable express standards and criteria of the Center Township Zoning Ordinance for the Proposed Use.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Exhibit No. 3: Identification of the Tax Parcel Numbers for the property or properties included in the Application.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Exhibit No. 4: Map showing all lots within two hundred (200) feet of the property for which the Conditional Use approval is requested and a list of the names and addresses of the owners of these properties from the Beaver County Tax Assessors Office.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Exhibit No. 5: Traffic Report, if required by Center Township Land Subdivision and Land Development Ordinance No. 1-2003.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Exhibit No. 6: Application Fee.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Exhibit No. 7: List Additional Information Provided.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
_____ _____ _____ _____		

Approval of use by Special Exception shall expire automatically, without written notice to the Applicant, if no application for a Grading Permit, Building Permit, or Zoning Certificate to undertake the construction or authorize the occupancy described in the Application for approval of the use by Special Exception is made within twelve (12) months of said approval, unless the Zoning Hearing Board, in its sole discretion, extends approval of the use by Special Exception upon written request of the Applicant received prior to its expiration. The maximum extension permitted shall be one (1) twelve (12) month extension.

I, the undersigned applicant, am the Owner (or the authorized agent) of the above described property and the statements herein and upon the plans/plat and exhibits attached and made part of

this application are true and correct as I verily believe. In requesting review of this Application for Conditional Use, I agree to pay to the Township of Center additional fees over and above the filing fee to cover all costs incurred by the Township of Center directly chargeable to the proposed land subdivision and/or land development which is part of this application.

(Applicant's Signature)

(Date)

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TOWNSHIP USE ONLY:

Application Received: _____

Completeness Verification: _____

Public Notice Date(s): _____

Zoning Hearing Board Public Hearing Date: _____

Zoning Hearing Board Decision Date.: _____