Briar Creek Township Columbia County, Pennsylvania

150 Municipal Rd. Berwick, PA 18603 570-752-8262

www.briarcreektwp.org

APPLICATION FOR CONDITIONAL USE

The undersigned requests for the granting of a Conditional Use by the Briar Creek Township Board of Supervisors as set forth below:

BACKGROUND

| 1. | Name, address, and telephone number of the applicant(s): |
|----|--|
| | |
| 2. | Address of the property in question: |
| 3. | Zoning District in which the property is located: |
| 4. | What is your interest in the property in question? Please set forth whether you own the property, lease the property, intend to lease the property, or intend to purchase the property under an agreement of sale? |
| 5. | Set forth in detail what you are proposing to do on this property: |
| 6. | Set forth in detail the conditional use that you are requesting and the section of the Briar Creek Township Zoning Ordinance under which you are requesting the conditional use: Section Listed in the Zoning Ordinance is: |
| | The conditional use that is being requested is: |

| should grant your requ | Set forth why you feel the Briar Creek Township Board of Supervisors should grant your request. List all uses, physical circumstances, and conditions that you feel justify the granting of the conditional use: | | | |
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| —————————————————————————————————————— | | g of the conditional use. | | |
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| Applicant's Signature: | | | | |
| Date: | | | | |
| Owner's Signature: | | | | |
| Date: | | | | |
| | | | | |
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| | IMPROTANT NO | <u>TES</u> | | |
| Make chec | k payable to Briar C | Creek Township. | | |
| Conditiona | l Use Hearing | \$800.00 | | |
| All hearings will be scheduled check. Mail completed applications | | receiving this application with the | | |
| La | arry Frace Inspectio 1009 Fowler Aver Berwick, PA 186 | nue | | |
| | u have any question ace@fraceinspection | ns at (570)380-0498 or email ons.com. | | |
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| | ZONING USE O | NLY | | |
| Date Received: Check Number: Hearing Date: Date Approved: | | | | |
| Date Disapproved: | 2 | | | |