



CONDITIONAL USE APPLICATION

Applicant Name: _____

Address: _____

Phone: _____ Cell: _____

Email Address: _____

Location of Property to Be Considered for Conditional Use:

Zone District: _____ Present Use: _____

Will Any Changes or Additions Be Made if Conditional Use is Granted?

_____ Yes _____ No If Yes, Please Describe: _____

NOTE: A list of all property owners and addresses within a distance of three hundred (300) feet from all exterior limits of the property involved in this request must be provided.

SECTION 1003.C.1 of the Castle Shannon Borough Zoning Ordinance #891 must be adhered to for the procedural requirements for the specific conditional use approval.

PLEASE PRESENT THIS APPLICATION ALONG WITH A NON-REFUNDABLE FEE OF \$300.00 PLUS A \$700.00 FEE FOR EXPENSES AND TWO (2) COPIES OF ALL REQUIREMENTS FOR YOUR SPECIFIC CONDITIONAL USE TO THE BOROUGH OFFICE NO LATER THAN TWENTY (20) DAYS BEFORE THE SCHEDULED COUNCIL MEETING.

Signature of Applicant

Date Submitted