

CASTLE SHANNON BOROUGH CONDITIONAL USE APPLICATION

Applicant Na	ıme:	
Address:		
Phone:	Cell:	
Email Addre	ss:	
Location of F	Property to Be Considered for Conditional Use:	
Zone District	:: Present Use:	
Will Any Cha	anges or Additions Be Made if Conditional Use is 0	Granted?
	No If Yes, Please Describe:	
		_
NOTE:	A list of all property owners and addresses with exterior limits of the property involved in this rec	` ,
	003.C.1 of the Castle Shannon Borough Zoning edural requirements for the specific conditions	
PLUS A \$75 YOUR SPEC	ESENT THIS APPLICATION ALONG WITH A NO 0.00 FEE FOR EXPENSES AND TWO (2) COPIE CIFIC CONDITIONAL USE TO THE BOROUGH C BEFORE THE SCHEDULED PLANNING COMMIS	S OF ALL REQUIREMENTS FOR OFFICE NO LATER THAN TWENTY
Signa	ture of Applicant	 Date Submitted