

**WEST SADSBUY TOWNSHIP**  
6400 N. Moscow Rd.      Parkesburg, PA 19365  
Phone 610-857-5969      FAX 610-857-1415

**APPLICATION FOR CONDITIONAL USE**

Name of Applicant(s): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Tax Parcel No.: \_\_\_\_\_      Size of Entire Tract: \_\_\_\_\_

Location of Parcel: \_\_\_\_\_      Zoning District: \_\_\_\_\_

Legal Owner of Parcel: \_\_\_\_\_

Proposed Use of Parcel: \_\_\_\_\_

Names and addresses of all property owners located on the same street within 500 feet of the parcel and names and addresses of all property owners **not** located on the same street but within 200 feet of the parcel:

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I (we), the undersigned, do hereby submit this application for conditional use, affecting property under my (our) ownership or the ownership of my (our) assigns or predecessors, in the Township of West Sadsbury.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name as Signed Above

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name as Signed Above

Sworn to and Subscribed this  
\_\_\_\_\_ day of \_\_\_\_\_, 200\_

\_\_\_\_\_  
Notary Public

The West Sadsbury Township Zoning Ordinance, Section 1506, Conditional Uses, establishes specific procedures and criteria to be submitted with this application. This form, properly completed, with sets of accompanying documentation and plot plans (contact Zoning Officer for details) and a check in the amount of \$750.00, made payable to West Sadsbury Township, shall be presented to the Zoning Officer for processing. Incomplete applications will not be processed.

**FOR OFFICIAL USE ONLY**

Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_

Clock Date: \_\_\_\_\_ Amount Received: \_\_\_\_\_ Check No. \_\_\_\_\_

Date Granted/Denied: \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_