

Smith Township
P.O. Box 94, Slovan, PA 15078
Ph. No. (724) 947-9456
Fax No. (724) 947-2715

Fee - \$125.00

APPLICATION FOR ZONING PERMIT

Date Application Received _____

Location of Property: _____

Parcel Number _____

Applicant Name _____

Owner Name _____

Address _____

City _____ **State** _____ **Zip** _____

Proposed Use of Bldg./Structure _____

Description of Construction _____

Zoning **APPROVED** **DENIED (For Municipal Use Only)**

Zoning Officer: _____ **Date:** _____

Reason for Denial: _____

(1st. STEP FOR CONDITIONAL USE)

SMITH TOWNSHIP

Application Flow Sheet for Conditional Use Permit

Applicant:

Fee: \$800.00 or actual costs incurred

Date: _____

Applicant Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Location of Conditional Use: _____

Proposed use of land: _____

(Supported by site plan, and other data, as required by § 1101)

See Chapter 27# 1100 & 1101 – procedure for approval
Please attach a written statement demonstrating compliance with standards of §1103 of Chapter 27. (Amended on 9/28/2015)

Signature of Applicant

Smith Township Planning Commission: Chapter 27# 1100-1101 B.

Subject to _____ Subsection _____

Workshop Date: _____ (seven (7) calendar days prior to regular meeting.)

Regular Meeting Date: _____ (Findings and recommendations in writing to the Board of Supervisors.)

Chairman of Planning Commission

Board of Supervisors: Chapter 27 §1100- 1101 1. (1) (2) (3) (4)

B. C. D. E. F. G. H. I. with §1102 and the applicable.

Date received: _____

1st Public Hearing Date: _____

2nd Public Hearing Date: _____

Written decision within 45 days of last public hearing.

Date of Decision: _____

Secretary, Board of Supervisors

(2ND. STEP FOR CONDITIONAL USE)