

SILVER SPRING TOWNSHIP
8 FLOWERS DRIVE
MECHANICSBURG, PA 17050
(717) 766-0178

APPLICATION FOR CONDITIONAL USE NO. _____
(Section 704)

GENERAL INFORMATION

Name of Applicant(s): _____

Address: _____

Email Address: _____

Telephone No: _____ Application Date: _____

Name of Landowner of Record: _____

Subject Property Address: _____

Subject Property Zone: _____

Requested Use (Section No. _____): _____

Name, address, phone, email of representative or consultant: _____

ADDITIONAL REQUIREMENTS (Include 16 copies of each of the following)

- 1. A written report providing all of the information required by Sections 701.2 and 701.3 of the Zoning Ordinance;
- 2. Listing of names and addresses of adjoining property owners, including properties directly across a public right-of-way;
- 3. Ground floor plans and elevations of proposed structures;
- 4. A scaled site plan of the site with sufficient detail and accuracy to demonstrate compliance with all applicable provisions of the Zoning Ordinance; and
- 5. A written description of the proposed use in sufficient to detail to demonstrate compliance with all applicable provisions of the Zoning Ordinance, including the following:
 - A. Each of the Specific Criteria attached to the requested conditional use as listed in Article 4 of the Zoning Ordinance;
 - B. The Zone requirements in which the subject property is located (e.g., setbacks, lot area, lot width, lot coverage, height, landscaping, etc.);
 - C. The General Provisions requirements listed in Article 3 of the Zoning Ordinance (e.g., vehicular access, off-street parking and loading, signs, screening and landscaping, etc); and
 - D. Each of the General Criteria listed in Section 704.2 of the Zoning Ordinance.

FEES

1. The hearing fee for a conditional use is \$ _____ pursuant to Section 702 of the Zoning Ordinance.
2. The applicant shall be required to pay all public notice and advertising costs as specified in Sections 704.5.3. of the Zoning Ordinance.
3. The applicant shall pay for one-half (1/2) of the stenographer's appearance fee as specified in Sections 704.5.8. of the Zoning Ordinance.

SIGNATURE

I hereby certify that the information submitted in accordance with this application is correct, and I further agree to pay for those costs outlined above.

X _____
 Applicant's Signature Date

Attached owner Authorization Letter for this application

For Township Use Only

ADMINISTRATION

Date Application Accepted _____ Total Costs _____

Dates Advertised (two successive weeks no more than 30 and no less than 7 days prior to hearing)

Property Posting (at least one week before hearing) _____

Planning Commission Hearing Date & Recommendation _____

Date of Hearing _____

Date of Decision _____

Decision _____

Conditions of Approval _____

Chairman

Vice-Chairman

Secretary