TOWNSHIP OF SOUTH STRABANE 550 WASHINGTON ROAD WASHINGTON, PA 15301 PHONE 724-225-9055 FAX 724-225-2035

CONDITIONAL USE/ZONING AMENDMENT CURATIVE AMENDMENT APPLICATION

(I)(WE)	of			
Name		Mailing Address	s	
Request that a determinat following application:	ion be made by the Townsl	hip Supervisors ar	nd Planning Commission o	n the
	Zoning Amendment			
In particular Section	, Subsection	_, Paragraph	of the Zoning Ordina	ance.
The description of the prop	perty involved in this appea	al is as follows:		
Location:				
Lot Size: Pres	ent Use:			
Present Improvement Upo	on Land:			
Proposed Use:				
• • •	pard should approve this red to law and fact for granting mendment):	•	•	peal o
Has any previous applicati	on or appeal been filed in c	onnection with th	nese premises? Yes	No
What is the applicant's int	erest in the premises affect	ed (owner, agent	, lessee)?	
What is the approximate of	cost of the work involved?_			

Following are the names and addresses of owners of property within a distance of 300 feet from the	e
exterior limits of the property involved in this appeal as shown by the latest assessment roll of the	
County of Washington (please attach additional sheet of paper if necessary).	

NAME			ADDRESS				
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imore space is requuestion being answ	vered.	his applica	tion and make s	specific reference to the			
pplication fees:	Conditional Use: \$1,000 escrow required with submittal which includes a \$500 non-refundable application fee						
	Text Amendment: \$2,000 escrow required with submittal which includes a						
	\$1,000 non-refundable application fee						
	Map Amendment: \$2,500 escrow required with submittal which includes a						
	\$1,500 non-refundable application fee						
	rance fees. Applicants	-	_	vertising costs, and a portion of remaining escrow funds at the			
• •	all of the above stateme are true to the best of n			ontained in any papers or plans			