

PLANNING & ZONING REFERRAL APPLICATION FORM

NOTE: Failure to complete this form in its entirety will result in rejection of application and a meeting will not be scheduled.

APPLICATION DATE:	FILE NUMBER:			
REPRESENTATIVE NAME:				
COMPANY NAME:	·			
ADDRESS:				
ZONING DISTRICT				
RESIDENCE PHONE NO:	BUSINESS PHONE NO:			
PLEASE CHECK YOUR REQUEST BEING MA	DE FOR ONE OF THE FOLLOWING:			
1) PROPERTY SUBDIVISION	2) ZONING CHANGE			
3) VACATION OF A STREET,	4) CONDITIONAL USE			
AVENUE, BOULEVARD, ALLEY OR DRIVE	5) BLIGHTED PROPERTY			
	6) OTHER			
EXPLANATION OF REQUEST:				
	·			
PROPERTY LOCATION:				
SIGNATURE:				
TITLE:	-			
Township Stoff Only, Salast halaw	for routing of application			
Township Staff Only: Select below for routing of application				
Planning	Zoning			



PLANNING & ZONING COMMISSION APPLICATION

Zoning (Change/Variance)	Conditional Use	Subdivision
Property Address:		
Ward #: L & B #:	Zoning District	
Owner:		
Address:	Phone #:	
Representative Agent or Lessee (if other tha	an owner):	
Address:	Phone #:	
Contractor:		
Address:	Phone #:	
Engineer/Architect:		
Address:	Phone #:	
Accessory Use: Specify type (fence, p	xisting Structure (enlargement, repairs, etc.)	
Change of Use of Land or Structure		
RESIDENTIAL OCCUPANCY: Total Dwelling U	Units:	
Single Family 2 Describe use or uses:		
Commercial Occupancy:		
Retail Wholesale	Mixed	
Other: Specify:		
Describe use or uses:		



Industrial Occupancy:					
Manufacturing	Other: Specify:				
Describe use or uses:					
Public or Semi-Public:					
Describe use or uses:					
Other:					
Describe Use or Uses:					
LAND & BUILDING INFORM	MATION				
Gross Sie Area:	Area: acres or square feet (circle one)				
Minimum lot area per unit:	square feet	% of site to be developed:			
Setback Requirements:	Required	Proposed			
Lot Size					
Front Yard					
Side Yard					
Rear Yard					
PARKING	Required	Proposed			
# Parking spaces					
# Commercial stalls					
Is multiple parking occupancy status requested for joint uses? Yes No					
STRUCTURE					
Principal structure height:	Existing Addition/Extensi	ion New			
Feet					
Stories					



Accessory structure height:	Existing	Addition/Extension	New		
Feet					
Stories					
Add box about other properties,	sewage, tax stat	us			
Notice of Right to Speak to the B All applicants who have appeared Board of Commissioners meeting Board of Commissioners.	in front of the p	olanning commission have th	ne right to appear at the regular ommendations to the Township's		
Notice of Right to Appeal: If a request is denied by the zonin decision. All zoning appeals are he	_		e applicant may be able to appeal the Board.		
If the applicants appeal to the Zor Pennsylvania Court of Common P					
I HEREBY CERTIFY that this application is authorized by the owner of record, and I/We agree to conform to all applicable laws of Stowe Township and the Commonwealth of Pennsylvania.					
Signature of Applicant		Address	Date		
Print Name of Applicant		Owner	_ Agent/Representative		
Note: this application is subject to	the policies of	the Planning Commission. Pl	ease ensure that you have fulfilled all		

the requirements beyond this application by contacting the Building Inspector.