



## Application for Conditional Use

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Name of Applicant: \_\_\_\_\_

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

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Property Owner: \_\_\_\_\_

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

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Engineer/Architect/Surveyor: \_\_\_\_\_

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

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

### **Describe the Property Affected:**

Address of Property: \_\_\_\_\_

Name of Land Development: \_\_\_\_\_

Zoning District: \_\_\_\_\_ Allegheny County Tax ID No(s): \_\_\_\_\_

Present Use: \_\_\_\_\_

Proposed Use or Alterations: \_\_\_\_\_

Describe below the Proposed Use(s) as defined in Chapter 27, Zoning Ordinance of North Fayette Township and attach a narrative of the project:

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Has a previous application been filed with the Board of Supervisors for this property? If so, when? \_\_\_\_\_

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### INSTRUCTIONS TO APPLICANT

This application must be submitted to the Zoning Officer no less than 28 working days prior to the regular monthly meeting of the Planning Commission. The following supplemental materials must accompany the application to be deemed complete:

- (a) A land Development Plan, as defined by the Township Zoning Officer;
- (b) A written statement showing compliance with the applicable express standards and criteria of Part 7 of the Township Zoning Ordinance, Chapter 27 of the Township Code of Ordinances, Ordinance No. 418;
- (c) A map showing and identifying all lots within two hundred (200) feet of the lot for which the conditional use is requested as well as a list of the names and addresses of the owners thereof;
- (d) A traffic impact report, if required by the Township Subdivision and Land Development Ordinance;
- (e) Application review fee of \$500.00 made payable to the Township of North Fayette. The application filing fee shall cover the administrative costs associated with processing an application. Applicant shall also pay all reasonable and necessary charges by the Township's professional consultants or the Township Engineer for review and report on the application to the Township. The applicant shall also reimburse the Township for the reasonable and necessary inspection fees for the inspection of all improvements and or work associated with this application.

**NOTE:** Please submit a total of fifteen (15) copies of the application and any accompanying materials.

Township staff have no discretionary authority over situations that do not comply with the ordinances and must refer these to the Board of Supervisors for their decision. You may seek legal assistance and/or may hire an attorney to represent you and present your case to the Board of Supervisors.

All hearings before the Board are conducted in a formal manner as in any court of law. All persons intending to offer testimony must be sworn in and all testimony given must be factual and pertinent to the particular case.



**STATEMENT OF TRUTH**

Deponent, being duly sworn, states that they are the:

- Owner of record of the property for which this application is made, and that all the statements and data furnished with this application are true and correct. I am also aware that independent engineering review fees are my responsibility, and an account fee will be collected at the time of application and may have to be replenished if all funds are exhausted.
- Authorized agent for the owner of record of the property for which this applicant is made and as such has express authority to bind owner to all terms and conditions set forth by the Township pursuant to this application, and that all statements and data furnished with this application are true and correct. I am also aware that independent engineering review fees are my responsibility, and an account fee will be collected at the time of application and may have to be replenished if all funds are exhausted.

All information provided on and with this application is true and correct to the best of my knowledge or belief.

- Individual Applicant

_____	_____	_____
Signature of Individual	Print Name	Date

- Partnership Applicant

_____	_____	_____
Signature of Individual	Print Name	Date

- Corporate Applicant

_____	_____	_____
Print Name of Corporation	Signature of Applicant	Date

\_\_\_\_\_  
Print Name of Individual

**The Affidavit of Verification form found on the following page must be completed and notarized for all applications.**



**AFFIDAVIT OF VERIFICATION**

**COMMONWEALTH OF PENNSYLVANIA )**

) **SS:**

**COUNTY OF ALLEGHENY )**

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On this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, before me, the undersigned officer,  
personally appeared \_\_\_\_\_, known to me or satisfactorily

proven to be: (choose one:)

- the individual whose name is subscribed to the within instrument;
- a partner of \_\_\_\_\_, a Pennsylvania General/Limited Partnership; or
- the \_\_\_\_\_ of \_\_\_\_\_, a corporation  
and acknowledged that (choose one):
  - he/she
  - he/she as such \_\_\_\_\_ partner
  - he/she as such \_\_\_\_\_ by signing the name of the corporation as himself/herself  
executed the foregoing instrument for the purposes therein contained.

**IN WITNESS WHEREOF, I hereunto set by hand and official seal.**

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



**TOWNSHIP USE ONLY**

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

Application Number: \_\_\_\_\_ Application Fee: \_\_\_\_\_

Planning Commission Recommendation: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Action: \_\_\_\_\_ Date: \_\_\_\_\_