



Date Submitted: _____

CONDITIONAL USE APPLICATION

Proposed Development Name: _____

Proposed Use: _____

Proposed number of units/dwellings: _____ Number of Out Parcels: _____

Address or Location of Proposed Development: _____

Tax Parcel Number (GPIN #): _____ Deed Reference: _____

Current Zoning of Property: _____

Section(s) of Zoning Ordinance under which the Conditional Use is being requested: _____

This application shall be accompanied by the following documents: (check all that apply)

- Detailed Development Plan showing the following:
 - Location, boundaries, dimension, owners of property
 - Location, use and ground area of proposed buildings
 - Locations, dimensions, arrangements of open space, yards, streets, driveways, parking and loading areas, pedestrian ways, and buffers
 - Capacity arrangement and controls for drives, parking and loading areas
 - Character of buffer areas showing location, dimensions, types of screen and non-screen buffers
 - A description of the proposed methods to control environmental concerns listed at 20.7.D(7) of the zoning ordinance.
 - Water supply; wastewater disposal; stormwater run-off quantity, quality, management scheme, and treatment/discharge (if needed)
 - List of names and complete addresses of all adjoining property owners; and in case of commercial or industrial applicants, the names and addresses of all property owners whose boundaries are within 800 feet of the proposed use



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- Environmental Impact Study
- Historical Resources Assessment Report
- Traffic Impact Study
- Public Utilities Assessment Report
- Fiscal Impact Assessment Report
- Parks and Recreation Assessment Report

Application is being submitted by: _____

Applicant Signature: _____ Date: _____

Property Owner's Signature: _____ Date: _____

OFFICIAL USE ONLY

Date Application Received: _____ Total Fees Submitted: _____

Application Received By: _____

Revised Plans Submitted? YES NO Date Received: _____ By: _____

Date Application Sent to Lebanon County Planning Department: _____

Date Application Sent to North Cornwall Township Reviewing Engineer: _____

Date Application Distributed to North Cornwall Township Planning Commission: _____

Date of 1st Hearing: _____

Date of Supervisors Decision: _____



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Contact Information Sheet

Applicant Information

Firm Name: _____

Address: _____

Primary Contact: _____ E-Mail: _____ Cell: _____

Secondary Contact: _____ E-Mail: _____ Cell: _____

Office Phone: _____ Fax: _____

Property Owner

Name: _____ E-Mail: _____

Address: _____

Home Phone: _____ Cell: _____ Fax: _____

Applicant's Attorney

Firm Name: _____

Address: _____

Primary Contact: _____ E-Mail: _____ Cell: _____

Secondary Contact: _____ E-Mail: _____ Cell: _____

Office Phone: _____ Fax: _____



Date Submitted: _____

Applicant's Engineer

Firm Name: _____

Address: _____

Primary Contact: _____ E-Mail: _____ Cell: _____

Secondary Contact: _____ E-Mail: _____ Cell: _____

Office Phone: _____ Fax: _____

Applicant's Traffic Engineer

Firm Name: _____

Address: _____

Primary Contact: _____ E-Mail: _____ Cell: _____

Secondary Contact: _____ E-Mail: _____ Cell: _____

Office Phone: _____ Fax: _____

Other

Firm Name: _____

Address: _____

Primary Contact: _____ E-Mail: _____ Cell: _____

Secondary Contact: _____ E-Mail: _____ Cell: _____

Office Phone: _____ Fax: _____