



## Request for Hearing

PRD HEARING: \_\_\_\_\_ **OR** Conditional Use Hearing: \_\_\_\_\_  
(please check one)

Applicants Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City & Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Owners Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City & Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Proposed Plan Name:** \_\_\_\_\_

Property Location (Address): \_\_\_\_\_

Lot Size: \_\_\_\_\_ Zoning District: \_\_\_\_\_

To the Township Supervisors, I (we) the undersigned do hereby appeal to the Township Supervisors for review of our Conditional Use for, \_\_\_\_\_

\_\_\_\_\_

Conditional Use Requested:

\_\_\_\_\_

\_\_\_\_\_

I (we) certify that the information provided is true and correct to the best of my (our) knowledge.

\_\_\_\_\_  
Signature/Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature/Owner

\_\_\_\_\_  
Date

**Fee - \$500.00 or the actual cost incurred by the Township, whichever is greater.**