BOROUGH OF WAYNESBORO
CONDITIONAL USE APPLICATION

Applicant Information

Name:

Address:

City: State: Zip:

Phone: Email:

Interest of Applicant, if not owner (agent, lessee, etc.):

Owner Information

Name:

Address:

City: State: Zip:

Phone: Email:

Attorney for Applicant Information

Name:

Address:

City: State: Zip:

Phone: Email:

1. Brief Description of Real Estate Affected:

Parcel #(s): Block No.

Address:

Lot Size: Deed Recorded at Franklin Cty Recorders in Deed Book No.: Page No.:

Present Zoning Classification: Present Use:

Present Improvements on Land:

2. Specific Section(s) of the Zoning Ordinance upon which this Application is based:

3.	Describe the Proposed Use of Property

_____

_____

_____

4.	Briefly State Why the Applicant Believes the Borough Council Should Grant the Application:

NOTE: The applicant or its representative(s) should provide testimony at the Planning Commission meeting(s) at which this application is discussed and at the required Borough Council Public Hearing(s) for this application, addressing the criteria (specific and general) for the conditional use as set forth in the Zoning Ordinance.

_____

_____

_____

5.	Answer the Following Questions and Provide a Date of Previous Application (if known):

Has a previous Conditional Use Application been filed for this Property? ☐ Yes ☐ No _____

Has a previous Zoning Hearing Board Application been filed for this Property? ☐ Yes ☐ No _____

Has a previous Subdivision or Land Development Application been filed for this Property? ☐ Yes ☐ No _____

In addition to this application, documentation must be submitted that is sufficient to demonstrate that the Applicant complies with the specific and general criteria applicable to the Conditional Use.

My signature authorizes permission to post this property. I certify that the information provided on this application and supporting documentation and plans are true and correct to the best of my knowledge, information and belief.

ZONING OFFICER USE ONLY

C.U. Application #: _____

Date Received: _____

Fee Paid: $_____ Date Paid:_____/_____/_____

APPLICANT SIGNATURE: _____

PRINT NAME: _____