



CONDITIONAL USE APPLICATION

Township of Aleppo

100 North Drive, Sewickley, PA 15143
Phone: 412-741-6555 / Fax: 412-741-7062
www.aleppotownship.com

PLAN NAME: _____ LOCATION: _____

NUMBER OF LOTS: _____ ZONING CLASSIFICATION: _____

TYPE OF APPLICATION: PRELIMINARY FINAL MINOR SUBDIVISION

FEE: _____ DATE RECEIVED: _____ RECEIVED BY: _____

AVAILABILITY OF UTILITIES: WATER GAS ELECTRIC SEWER (Please attach letter from Sewer Authority)

* Note: If sewage is not available, application for DEP permit is required.

NAME OF DEVELOPER: _____

ADDRESS: _____

TELEPHONE: _____

NAME OF LANDOWNER: _____

ADDRESS: _____

TELEPHONE: _____

NAME OF ENGINEER OR SURVEYOR: _____

ADDRESS: _____

TELEPHONE: _____

TOTAL ACREAGE IN PLAN: _____ CONTIGUOUS ACREAGE IN SAME OWNERSHIP: _____

AVERAGE LOT SIZE: _____ AVERAGE LOT FRONTAGE: _____

HAS A VARIANCE, CONDITIONAL USE, OR USE BY SPECIAL EXCEPTION BEEN GRANTED FOR THIS PLAN: Yes No

IF YES, PROVIDE DATE: _____

ARE THERE ANY MODIFICATIONS TO THE TOWNSHIP SUBDIVISION REGULATIONS REQUIRED? Yes No

IF YES, LIST MODIFICATIONS: _____

DOES THIS PLAN REQUIRE A CHANGE IN ZONING CLASSIFICATION? Yes No

HAS AN APPLICATION FOR REZONING BEEN FILED? Yes No IF YES, PROVIDE DATE: _____

COMMONWEALTH OF PENNSYLVANIA, COUNTY OF ALLEGHENY,
I, _____, HEREBY DEPOSE AND SAY THAT ALL OF THE ABOVE STATEMENTS AND THE STATEMENTS
CONTAINED IN THE PAPERS SUBMITTED HERewith ARE TRUE.

SIGNATURE: _____ ADDRESS: _____

Subscribed and sworn to before me this _____ day of _____, 20____.

Signature of Notary Public My Commission Expires: _____