

TOWNSHIP OF ALEPPO
100 NORTH DRIVE, SEWICKLEY, PA 15143
412-741-6555

APPLICATION FOR CONDITIONAL USE APPROVAL

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: _____

IF SO, GIVE DATE: _____

ARE THERE ANY MODIFICATIONS TO THE TOWNSHIP SUBDIVISION REGULATIONS REQUIRED? _____

LIST: _____

DOES THIS PLAN REQUIRE A CHANGE IN ZONING CLASSIFICATION? _____

HAS AN APPLICATION FOR REZONING BEEN FILED? _____ 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____.

My Commission Expires:

Notary Public