



PATTON TOWNSHIP

100 PATTON PLAZA ● STATE COLLEGE, PA 16803

Telephone: 814-234-0271

www.twp.patton.pa.us

CONDITIONAL USE APPLICATION REQUEST

Applicant Information

Name

Street Address

City

State

Zip Code

Phone Number

Email Address

Property Information

Tax Parcel Number

Lot Size

Zoning District

Property Address

City

State

Zip Code

Is this a changed use? _____

Specific section(s) of the Zoning Ordinance upon which this application is based:

Explain your proposed plans and why you are requesting a conditional use:

Explain how the proposed conditional use will be compatible with existing and planned land use in the surrounding neighborhood and with the intent of your zoning district:

Describe how the conditional use would not have adverse effects on the surrounding properties in the following areas:

Pedestrian and vehicular traffic circulation and safety: _____

The demand for the availability of public services and facilities (water, sewer, roads, etc.):

Are there existing buildings on the lot? If so, how many? Yes No # of Buildings: _____

What size(s) are the existing buildings (square feet)? _____

If proposing a building, please state the size (square feet)? _____

Some conditional uses have specific standards that must be met in addition to general requirements. The Board of Supervisors can only approve a use if all applicable standards are fully satisfied. The applicant must clearly explain how their project meets each standard – the burden of proof is on the property owner.

ATTACH A SEPARATE SHEET OF PAPER LISTING EACH APPLICABLE CONDITION AND YOUR DETAILED RESPONSE.



In addition to this application, documentation must be submitted in compliance with §425-57 of the Zoning Ordinance.

My signature authorizes permission to post this property and permission to Township officials and staff to enter thereon for inspection. My signature further authorizes a waiver of the 60-day requirement to hold the first hearing (from date of application) as stipulated in the Pennsylvania Municipalities Planning Code (MPC), recognizing that the Township will make every effort to abide by said requirement but if circumstances do not permit, to hold the first hearing as soon as reasonable feasible.

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.

Applicant Signature

Applicant Print Name

Date

WAIVER OF STENOGRAPHER RECORD

I agree to waive the requirements of Section 908 of the Pennsylvania Municipalities Planning Code (MPC) which requires that a stenographic record of the proceedings be made, and consent that a record of the proceedings be prepared from a tape recording of the hearing and the recording secretary's minutes.

Applicant's Signature: _____

Date: _____

-For Office Use Only-	
Date Received: _____	By: _____
Advertisement Dates: _____	
Planning Commission Review Date: _____	
Board of Supervisors Meeting Date: _____	