

**CENTER TOWNSHIP
BOARD OF SUPERVISORS**

**CONDITIONAL USE
APPLICATION**

FOR OFFICE USE ONLY	
Application Number _____	Fee \$ _____
Map Number _____	Paid _____
Parcel ID Number _____	Received By _____
SECTION I APPLICANT AND PROPERTY INFORMATION	
<u>Applicant</u>	
A. NAME _____	Phone _____
B. Address _____ _____	
C. Applicant's Interest _____	
<u>Property Owner</u>	
A. Name _____	Phone _____
B. Address _____ _____	
SECTION II	PROPERTY LOCATION, USE & ZONING INFORMATION
A. Location of subject property	_____ _____
B. Use of subject property:	Existing: _____ _____ Proposed: _____ _____
C. Zoning District of property:	_____
SECTION III	CONDITIONAL USE REQUESTED
Applicant requests a conditional use for:	
SECTION IV	AUTHORIZATION
Applicant Signature: _____	Date: _____
Owner Signature (if different): _____	Date: _____
Return completed form to: 150 Henricks Road, Butler, PA 16001-8472	
Make checks payable to: Center Township	