

CHARTIERS TOWNSHIP PLANNING COMMISSON  
CONDITIONAL USE APPLICATION

COMMUNITY DEVELOPMENT COORDINATOR/ZONING OFFICER:  
SAMUEL R. STOCKTON (724) 745-3415



APPLICANT NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_  
DATE: \_\_\_\_\_  
ZONING CLASS \_\_\_\_\_

TYPE OF CONDITIONAL USE REQUESTED:  
\_\_\_\_\_  
\_\_\_\_\_

ZONING ORDINANCE:  
Article \_\_\_\_\_ Section \_\_\_\_\_ Subsection \_\_\_\_\_ Paragraph \_\_\_\_\_

LABOR AND INDUSTRY APPROVAL REQUIRED? \_\_\_\_\_  
VARIANCE REQUIRED? \_\_\_\_\_

PLANS ATTACHED? \_\_\_\_\_ 7 COPIES REQUIRED.

OFF STREET PARKING REQUIREMENTS: \_\_\_\_\_

HOME OCCUPATIONS:  
NATURE OF BUSINESS: \_\_\_\_\_  
MERCHANDISE: \_\_\_\_\_  
EMPLOYEES: \_\_\_\_\_  
OUTSIDE STORAGE? \_\_\_\_\_  
CUSTOMERS? \_\_\_\_\_  
NOISE? \_\_\_\_\_  
HOURS OF OPERATION? \_\_\_\_\_  
ODORS/DUST? \_\_\_\_\_  
SIGNS? \_\_\_\_\_

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_