

TOWNSHIP OF COVINGTON
CONDITIONAL USE APPLICATION
PO BOX 253
COVINGTON, PA 16917

COVINGTON TOWNSHIP CONDITIONAL USE APPLICATION

Applicant Information:

- Applicant Name: _____
- Company Name (if applicable): _____
- Mailing Address: _____
- Phone Number: _____
- Email Address: _____

Property Owner Information (if different):

- Owner Name: _____
- Mailing Address: _____
- Phone Number: _____

Same as Applicant

Property Information:

- Property Address: _____
- Tax Parcel Number(s): _____
- Zoning District: _____
- Total Acreage of Parcel: _____

Proposed Conditional Use:

- Description of the proposed use (be specific): _____

- Section(s) of the Zoning Ordinance under which the Conditional Use is requested:

Project Details:

Attach the following (check all that apply)

- Site plan (to scale)
- Narrative describing the proposed use
- Traffic impact information (if applicable)

- Environmental or stormwater information (if applicable)
- Any additional materials required by ordinance or requested by the Township

Compliant Statement:

The applicant must demonstrate how the proposal meets the conditional use standards of the Zoning Ordinance.

Attach a written statement addressing:

- Applicable ordinance criteria
- Compatibility with surrounding land uses
- Impacts on traffic, utilities, public services, and environment
- Measures taken to mitigate adverse impacts

Statement Attached

Authorization:

I hereby certify that the information contained in this application and accompanying documents is true and correct to the best of my knowledge. I understand that approval of this application is subject to review by the Planning Commission and final action by the Board of Supervisors.

Applicant Signature: _____

Printed Name: _____

Date: _____

TOWNSHIP USE ONLY	
<ul style="list-style-type: none"> • Date Received: _____ • Application Fee Paid: \$ _____ • Planning Commission Review Date: _____ • Board of Supervisors Hearing Date: _____ • Decision: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Approved with Conditions • Date of Decision: _____ 	<p style="text-align: center;"><i>Decision rendered by formal vote of the Board of Supervisors at a public meeting. See official minutes and written decision.</i></p> <p style="text-align: center;">Zoning Officer</p> <p><input type="checkbox"/> Application complete <input type="checkbox"/> Application incomplete (items missing): _____</p>
<p>Zoning Officer Signature: _____</p>	<p>Date: _____</p>
Township Secretary – Administrative Processing Only	
<p>Secretary Signature: _____</p>	<p>Date: _____</p>