

LOWHILL TOWNSHIP CONDITIONAL USE APPEAL APPLICATION

7000 Herber Rd
New Tripoli, PA 18066
Tel. 610-298-2641
www.lowhilltp.org

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Appeal Number _____

Public Advertised Dates for Appeal _____

Date Received _____ Date Complete _____

Application Fee/Ck# _____

For Township Official Use only - Please do not complete this section.

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PLEASE PROVIDE THE FOLLOWING BASIC INFORMATION:

Applicant's(s) Name _____

Street Address _____

City, State & Zip Code _____

Phone Number _____ Cell Number _____

Email address: _____

The following are a list of questions designed to assist you and the Lowhill Township Planning Commission and Board of Supervisors in the efficient and timely review of your Conditional Use Appeal. Please thoroughly answer all questions and requested information that are applicable to your appeal. If you believe the question does not pertain to your appeal, please indicate as such on this form by answering "Not Applicable". All questions must be answered to consider this appeal form complete. A complete site plan and construction documents must be attached to this application. Please refer to the Lowhill Township Zoning and Subdivision and Land Development Ordinances for Conditional Use Appeal Application Procedures and requirements for a complete Conditional Use application.

Please provide answers to the following requested information below:

1. What is the applicant's interest in the premises affected? (i.e. owner, equitable owner, tenant.)

2. If the applicant is represented by an attorney or counsel please provide their full name, address, phone and fax number.

3. If the property owner is not the applicant, list the full name, address and phone number of the property owner. If the applicant is not the property owner, the applicant must provide a signed and notarized letter from the property owner stating his/her permission to allow the applicant to represent the property owner at the Board of Supervisors with this Conditional Use appeal.

4. Please provide the requested information about the property involved in this Conditional Use Hearing appeal as described below:

Property address: _____

Tax Map ID#: _____ Lot Size: _____

Zoning District: _____

Current Use of the Property: _____

Date of when Current Use Began: _____

Date of acquisition of this property by the owner: _____ Please list each structure and it's use currently located on this property:

5. What type of sewage and water facilities are available on the property and what type of sewage and water facilities are currently in use on the property?

6. Are there any outstanding state or federal violations cited on this property at the time of this application? _____ If yes, please explain these violations:

7. Has any previous zoning appeal been filed in connection with this property? _____ If yes, please explain:

(List applicant's name, date & nature of appeal)

8. List all sections of the Lowhill Township Subdivision and Development of Land Ordinance in which you are seeking relief from (waivers): (Please note that if this section is not complete, the appeal will not be heard)

9. State in narrative form the nature of your appeal including the primary relevant facts intended to be presented to the Lowhill Planning Commission and Board of Supervisors. Please include a description of all explosive or toxic materials to be stored on this site. (Please reference to your attachment if additional space is needed.)

10. What is the exact use proposed for the property? List hours of operation, number and type of employees, business equipment to be used or stored at the site, nature of normal business operations. (Please reference to your attachment if additional space is needed.)

11. Are any additional state, federal or other permits required to operate the proposed use or construct the structure? _____ If yes, please provide the list of permits (and their status) required to operate the proposed use or structure.

12. Describe the landscaping and lighting proposed for this property is planned, if any. Please indicate the type of landscape buffering proposed, if any.

13. What is the character of the buildings and uses on abutting properties and what is

the general character of the surrounding neighborhood? (Please reference to your attachment if additional space is needed.)

14. What will the impact of this use be on existing traffic patterns and volumes for this Conditional Use Appeal? Also, please specify the amount of parking spaces and unloading areas as specified in the Lowhill Township Zoning Ordinance and Subdivision and Land Development Ordinance . (Please reference to your attachment if additional space is needed.)

15. What will the impact of this use be on the existing stormwater infrastructure and local hydrogeological environment? (Please reference to your attachment if additional space is needed.)

16. What type of new and or existing improvements are being proposed for this use?

17. What degree will the proposed use emit smoke, dust, odor or other air pollutants, noise, vibration, light, electrical disturbances, water pollutants, or chemical pollutants upon the residents of Lowhill Township? Such evidence may include the proposed use of proven special structural or technological innovations. Please provide specific and detailed information on all of the aforementioned topics. (Please reference to your attachment if additional space is needed.)

18. Will any waivers granted by the Board of Supervisors, alter the essential character of the neighborhood or district in which the property is located, or substantially or permanently impair the appropriate use of development of adjacent property, or be detrimental to the public welfare? Please give reasons for your answers to the aforementioned questions by explaining below: (Please reference to your attachment if additional space is needed.)

19. (I) (WE) believe that the Board of Supervisors should approve this request because: (include the grounds for the Conditional Use appeal or reasons both with respect to case law and fact for granting this use requested. (Please reference to your attachment if additional space is needed.)

20. Comments, Other Relevant Information or Additional Space for Answering Questions. Please indicate if additional attachments are with this appeal application:

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I hereby certify that all of the above statements contained above in this Lowhill Township Conditional Use Appeal application and any papers or plans submitted with this Conditional Use appeal to the Lowhill Township Board of Supervisors herewith are true and correct to the best of my knowledge and belief.

_____ Date: _____
Print Name of applicant(s))

_____ Date: _____
(Signature of applicant(s))

This application must be notarized by the applicant and or property owner to be complete:

COMMONWEALTH OF PENNSYLVANIA COUNTY OF LEHIGH As subscribed and sworn to before me this _____ day of _____, 20__ IN WITNESS WHEREOF, the parties hereto have hereunto set their hands and seals the day and year aforesaid. (SEAL) _____