

**OFFICE OF THE SUPERVISORS**

11 Municipal Drive
Burgettstown, PA 15021
Phone: 724-947-9109
Fax: 724-947-9118
hanovertwp@comcast.net

WASHINGTON COUNTY, PENNSYLVANIA**BOARD OF SUPERVISORS**

Dale Handick
Herbert Grubbs
William Michael

APPLICATION FOR CONDITIONAL USE CERTIFICATE**Parcel #** _____ **Certificate Number:** _____**Name of Applicant:** _____**Address:** _____

(Note: Applicant must be owner or equitable owner of property)

Telephone: _____**Property Location:** _____

(If different from address above)

Zoning District: ☐ R-P Rural Preservation ☐ R-1 Residential
☐ N-S Neighborhood Services ☐ C-1 Highway Commercial District
☐ I-B Industrial Business ☐ SD Special Development District

OFFICE USE ONLY

1. Map of property and applicable information ☐
2. Site Design including buildings, parking plan, entrance, exit and landscaping ☐
3. Existing subdivision Yes ☐ No ☐ ☐

Date of Filing: _____ **Fee Paid:** _____**Date of Planning Commission Review:** _____**Action Taken:** _____**Date of Board of Supervisors Review:** _____**Action Taken:** _____**Certificate is:** ☐ **APPROVED** ☐ **DISAPPROVED****Date:** _____ **Zoning Officer:** _____**Date:** _____ **Planning:** _____

I/We the undersigned do hereby accept the approval of this Certificate subject to the Conditions of Hanover Township Zoning Ordinance No 109, and such other conditions as were stipulated in the approval letter received from the Board of Supervisors.

I/We understand that failure to comply with all ordinances and special conditions of approval will result in the immediate suspension of this certificate by the Township and may result in additional penalties as provide for by law.

Date: _____ **Applicant:** _____