



## UPPER ALLEN TOWNSHIP CONDITIONAL USE APPLICATION INSTRUCTIONS

Upper Allen Township  
100 Gettysburg Pike  
Mechanicsburg, PA 17055

Community Development Department  
Office: 717-766-0756 Fax: 717-796-9833  
Office Hours: M-F 8:00 AM - 4:30 PM  
[www.uatwp.org](http://www.uatwp.org)

1. Complete the application. Please print legibly or type the information. If the application submitted is not complete, the Township reserves the right to immediately deny the application and return it to the Applicant without the Planning Commission's and Board of Commissioner's review and action on the application.
2. Sign and Date the application.
3. **YOU MUST CONVINCINGLY SHOW, BOTH IN WRITING AND THROUGH TESTIMONY, HOW YOUR REQUEST MEETS THE RELEVANT CRITERIA FOR GRANTING THE REQUEST.** Attach appropriate written explanations that indicate how your request meets the criteria referenced in Section 245-19.14 on the Code of the Township of Upper Allen. Attach appropriate drawings, plans, and/or illustrations which help explain your request. Fifteen (15) copies of the proposed plan, a minimum size of 18" x 24", must be submitted with the application. All materials submitted with this applications or entered as Exhibits during the hearing become the property of Upper Allen Township and are kept with this application.
4. A **COMPLETE** application, with plans, applicable reports, drawings, and any additional information relevant to the request must be submitted to the Township's Community Development Office by the first (1<sup>st</sup>) business day of the month.
5. The application and all additional materials submitted with the application must be originals. The Township will not accept fax copies of any materials associated with this application.
6. The fee is currently **\$600.00 plus all costs incurred over this amount by the Township** for a Conditional Use Application. Fees are subject to change at any time, and are determined by the Board of Commissioners and approved through a Resolution. This fee must be paid in full at the time of application submission or the application will not be accepted. Checks are to be made payable to Upper Allen Township. The Township cannot accept credit card payments for this application.
7. There may be additional review fees that incur during the application process. An hourly review rate has been set by Resolution and approved by the Board of Commissioners. All additional review fees will be charged to the Applicant and must be paid in full by the Applicant prior to any approval and/or issuance of certificates.
8. I/We have read and understand the directions:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name



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Office: 717-766-0756  
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Office Hours: Monday through Friday 8:00 A.M. to 4:30 P.M.

Property Location/Address: _____		
Tax Parcel ID # _____	Zoning District: _____	
Current use of property: _____		
Proposed use of property: _____		
Is the property located in a floodplain?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the property located in a Municipal Historic District?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Briefly describe the purpose of this application and reference the relevant sections of Chapter 245 of the Township Code (*please continue on separate sheet of paper, if necessary*): \_\_\_\_\_

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List all of the names and addresses of the owners of all of the properties adjacent and across the street to the subject property (*please continue on a separate sheet of paper, if necessary*):

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# CONDITIONAL USE APPLICATION

## CONTACT INFORMATION

### **Applicant Information:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

### **Property Owner Information (if different from the Applicant):**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

Will the applicant (s) be represented by another person or counsel?  Yes  No

If yes, please provide their name, address, phone number & email address:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

I hereby authorize the Board of Commissioners, Planning Commission, Township staff, and any Township consultant to enter the exterior premises of this property between 8:00 a.m. and 8:00 p.m., at their own risk, while this application is being considered for approval, as needed to determine compliances with Township Ordinances.

\_\_\_\_\_  
Signature of Property Owner

\_\_\_\_\_  
Date

I/We the undersigned applicant(s), do hereby make application to the Upper Allen Township Board of Commissioners for the purpose of consideration of a conditional use for the above-referenced property pursuant to the Pennsylvania Municipalities Planning Code, (Act 247 of 1968 , as amended), and Chapter 245 of the Code of the Township of Upper Allen Township, (as amended). My/Our signatures below certify that all the above referenced statements and information and any additional information submitted and made part of this application are true and complete to the best of my/our knowledge and belief.

### **Applicant(s):**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

### **Signature of property owner(s), (If different from applicant):**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date