

**CENTER TOWNSHIP  
BOARD OF SUPERVISORS**

**CONDITIONAL USE  
APPLICATION**

<b>FOR OFFICE USE ONLY</b>	
Application Number _____ Map Number _____ Parcel ID Number _____	Fee \$ _____ Paid _____ Received By _____
<b>SECTION I</b>	<b>APPLICANT AND PROPERTY INFORMATION</b>
<u>Applicant</u>	
A. NAME _____	Phone _____
B. Address _____ _____	
C. Applicant's Interest _____	
<u>Property Owner</u>	
A. Name _____	Phone _____
B. Address _____ _____	
<b>SECTION II</b>	<b>PROPERTY LOCATION, USE &amp; ZONING INFORMATION</b>
A. Location of subject property _____ _____	
B. Use of subject property: Existing: _____ _____	
Proposed: _____ _____	
C. Zoning District of property: _____	
<b>SECTION III</b>	<b>CONDITIONAL USE REQUESTED</b>
Applicant requests a conditional use for:	
<b>SECTION IV</b>	<b>AUTHORIZATION</b>
Applicant Signature: _____	Date: _____
Owner Signature (if different): _____	Date: _____
Return completed form to: 419 Sunset Drive, Butler, PA 16001	
Make checks payable to: Center Township	