



TOWNSHIP of SCOTT

Conditional Use / Special Exception Application

Type of Application: _____ Conditional Use _____ Special Exception

Name of Use: _____

Property Address: _____

Property Lot and Block Number: _____

Property Owner Information

Name: _____

Address: _____

Phone Numbers: _____

Email Address: _____

Applicant / Legal Representative Information (If different from property owner)

Name: _____

Firm: _____

Address: _____

Phone Numbers: _____

Email Address: _____

Property Information

Present Zoning Classification: _____

Total Contiguous Acreage in Plan: _____

Lot Area: _____ Sq. Ft. Lot Frontage: _____ Feet

Description of Request: A separate narrative shall accompany the application. The narrative is to provide a detailed description of the proposed use and shall address the general provisions that the Board will use to evaluate the application as stated in the Zoning Ordinance of the Township of Scott, Sections 6-102 or 7-105.4(h) respectively.

In order for the application to be considered complete and properly filed, all sections of the application must be completed, including the required narrative, and all fees must be included. The application shall include 22 collated sets of all forms and supporting documents. All large scale drawings and documents shall be folded.

I, _____, hereby affirm that all of the information presented in this application and the materials submitted herewith, are true and I understand that I must abide by all applicable Township of Scott Ordinances.

Signature of Applicant: _____ Date: _____

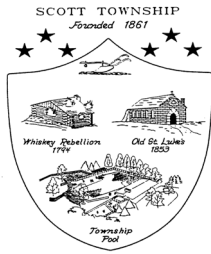
To be completed by the township

Date Filed: _____ Public Hearing Date: _____ Decision Date: _____

Has all the property documentation required been submitted?

Yes _____ No _____

Application Review Fee \$ _____ Date Paid: _____ Check # _____



Scott Township Verification of Payments

Note: This section is to be completed by the Property Owner and included with the permit application package. No permits will be approved if past due payments are owed.

Date: _____ **Lot/Block:** _____

Property Address: _____

Property Owner: _____

Owner's Street Address: _____

City/State: _____ **Zip Code:** _____

Owner's Phone Number: _____

Note: This section is to be verified and completed by the Tax Office:

Real Estate Taxes Paid: **Yes:** _____ **No:** _____

Sewer Bill Paid: **Yes:** _____ **No:** _____

Other Municipal Fees, Taxes
and/or Liens: **Yes:** _____ **No:** _____

Earned Income Taxes Paid: **Yes:** _____ **No:** _____

Verified By: _____ **Date:** _____

Note: The Tax Office is to also validate the above information with the Delinquent Tax Collector and the Act 511 Tax Collector

Other Fees, Charges,
Judgements and/or Liens: **Yes:** _____ **No:** _____

Verified By: _____ **Date:** _____