

File Number: _____ Date Received: _____ Meeting Date: _____

Conditional Use Application

The applicant listed below requests that Borough Council consider the following conditional use application under the Plum Borough Zoning Ordinance, as amended.

Project Name/ Location:							
Address:							
Tax Parcel ID#:		Total Acrea	ge of the Project Site:				
Associated Subdivisi	on or Land Devel	lopment, if any:					
Zoning District:							
Name of Applicant:							
Address:							
City:		State:		Zip:			
Phone No:	ne No: E-mail address:						
Proposed Use:							
Proposed Use (attach project narrative):							
Type of Use:	□ Principal	□ Accessory					
Use Permitted By:	🗆 Right	□ Special Exception	Conditional Use				
Proposed Water Sup	ply (check one):						
D Public	□ Otł	ner:					
Proposed Sewer Supply (check one):							
Public	D Oth	ner:					

Required Submission Items:		Yes	No
1. Completed Application & Project Narrative	5		
2. Site Plan Meeting the Requirements of a Preliminary Plan	5		
3. Electronic Copies of All Documents (PDF and DWG files)	1		
4. Application Fee	1		

NOTE: An administratively incomplete application will be returned to applicant. An Application will be considered administratively incomplete unless or until the appropriate fee and review deposit are paid in full, and all plans and documentation required by the Zoning Ordinance and the Borough are submitted to the Zoning Officer.

Applicant:
Individual
Partnership
Corporate
Agent of Property Owner

I hereby certify that the all of the above information and submitted documentation is true and correct. Date:

Signature(s)	Printed Name(s)	Date
Official Use Only: Application Fee Amount:	Date Paid:	
Review Deposit Amount:	Date Paid:	
Revised 11/18/2022		