



Archbald Borough

400 Church Street, Archbald PA 18403

P: (570) 876-1800 www.archbaldboroughpa.gov

Conditional Use Hearing Application

Application is **NOT** complete if information is missing. Please provide **ALL** information.

1. Location/Address of Project: _____

Pin Number: _____

2. Name of Property Owner: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

3. Name of Applicant: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

4. Legal Counsel (if applicable): _____

Address: _____

Phone: _____ Fax: _____

Email: _____

5. Project Description: _____

6. Present Land Use: _____ Proposed Land Use: _____

7. Zoning District: _____

8. Total Land Area: _____ (sq. ft.) _____ (Acres)

9. Are any additional, state, federal or other permits required to operate the proposed use or construct the structure? If yes, please provide the list of permits (and their status) required to operate the proposed use or structure.

The undersigned Applicant hereby requests for a Conditional Use on the basis of the information contained within this application and the attached supporting documents. The Application hereby certifies that all information and attachments are true and correct. The Applicant is responsible for all applicable fees.

Applicant Signature: _____ Print: _____ Date: _____

Please reference Article 14 of the Archbald Borough Zoning Ordinance for the procedure.

- ☐ Provide 2 papers copies and one digital copy
- ☐ Payment of application fee by check or money order

OFFICIAL USE:

Hearing # _____
Application Received: ____/____/____ Fee: \$ 1,000.00 Check Number: _____
Hearing Scheduled: ____/____/____
Advertisement One: ____/____/____ Location: _____
Advertisement Two: ____/____/____ Location: _____
Property posted: ____/____/____
Hearing Date: ____/____/____ @ _____