



MONROE TOWNSHIP

1220 Boiling Springs Road, Mechanicsburg, PA 17055-9794

Phone: (717) 258-6642 • (717) 697-4613 • Fax: (717) 258-9311 • E-Mail: Monroetwp@monroetwp.net

APPLICATION PROCEDURE FOR MATTERS OF CONDITIONAL USE

On forms provided by the Township, a completed application with appropriate information and fees shall be submitted directly to the Zoning Officer. Applications determined to be complete will be dated and distributed to the appropriate parties for action within the times frames of the Municipalities Planning Code and the Monroe Township Zoning Ordinance.

An application for Conditional Use consideration will be considered complete if the following information is provided:

Check if Enclosed

- 1. Completed Conditional Use Application _____
 - One (1) Original & 1 PDF copy
- 2. Names and Addresses of Adjacent Property Owners including properties directly across a public right-of-way _____
 - One (1) Copy & 1 PDF copy
- 3. A scaled drawing (site plan) of the site with sufficient detail and accuracy to demonstrate compliance with all applicable provisions of this Ordinance _____
 - (7) Copies & 1 PDF copy
- 4. Ground floor plans and elevations of proposed structures. _____

This requirement shall not apply for proposed single family dwellings

 - (7) Copies & 1 PDF copy
- 5. A written description of the proposed use in sufficient detail to demonstrate compliance with all applicable provisions of the Zoning Ordinance _____
 - (1) Copies & 1 PDF copy
- 6. Application Fees _____
 - \$500.00 Application Fee
 - \$1,000.00 Escrow
- 7. Other Items required by Zoning Ordinance _____
 - See Section 400 for more information

FOR OFFICE USE ONLY

	Date	By
Application Received:	_____	_____
Application Administratively Complete:	_____	_____
Application Forwarded to Solicitor:	_____	_____
Property and Municipal Building Posted:	_____	_____
Initial and Subsequent Hearings:	_____	_____
Board of Supervisors Action:	_____	_____
Written Decision:	_____	_____



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APPLICATION FOR CONDITIONAL USE

Date: _____ Application Number: _____

Property Location: _____

Zoning District: _____ Existing Use: _____

Cumberland County Tax Assessment Parcel #: _____

Applicant: _____

Address: _____

Property Owner: _____

Address: _____

Person Preparing Plan (if different from applicant): _____

Address: _____

Proposed Use: _____

Property Size: Acres _____ Frontage _____
Square Feet _____ Depth _____

Existing Buildings on Lot (List All):

Type _____

Height _____

Total Building Coverage: _____ S.F. Percentage of Lot _____%

Dimensions of Existing Yards in Feet:

Front _____ Rear _____ Left Side _____ Right Side _____

Dimensions of Proposed Yards in Feet:

Front _____ Rear _____ Left Side _____ Right Side _____

How will the tract be serviced for:

Water _____

Sewerage _____

Off street parking spaces proposed:

Applicant signature: _____ Date: _____

Telephone #: _____ Email Address: _____

Property Owner signature: _____ Date: _____

Telephone #: _____ Email Address: _____

**IF REQUEST IS APPROVED, A ZONING PERMIT
IS NEEDED IN ADDITION TO THIS APPLICATION**

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Received:

Recommendations as follows:

Zoning Officer

PLANNING COMMISSION RECOMMENDATIONS

Received:

Approved:

Chairman:

Secretary:

Denied:

Chairman:

Secretary:

Conditions as follows:

SUPERVISORS ACTION

Received:

Approved:

Chairman:

Secretary:

Denied:

Chairman:

Secretary:

Subject to the following conditions:

Written Agreement of acceptance of conditions set forth by Supervisors on file

yes

no

Submitted by:

Date:

Received by:

Date: