



TOWNSHIP OF HALFMOON

100 MUNICIPAL LANE · PORT MATILDA, PA 16870

TELEPHONE : (814) 692-9800

www.halfmoontwp.us

CONDITIONAL USE APPLICATION

APPLICANT INFORMATION

NAME: _____

ADDRESS: _____

TELEPHONE: _____ EMAIL: _____

INTEREST OF APPLICANT, IF NOT OWNER: _____

OWNER INFORMATION

NAME: _____

ADDRESS: _____

TELEPHONE: _____ EMAIL: _____

ATTORNEY FOR APPLICANT INFORMATION

NAME: _____

ADDRESS: _____

TELEPHONE: _____ EMAIL: _____

1. BRIEF DESCRIPTION OF REAL ESTATE AFFECTED:

PARCEL(S): _____

ADDRESS: _____

LOT SIZE (ACRES): _____ DEED INFORMATION: BOOK NO: _____ PAGE NO.: _____

PRESENT ZONING CLASSIFICATION: _____ PRESENT USE: _____

2. SPECIFIC SECTION(S) OF THE ZONING CODE UPON WHICH THIS APPLICATION IS BASED:



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3. EXPLAIN YOUR PROPOSED PLANS AND WHY YOU ARE REQUESTING A CONDITIONAL USE:

4. EXPLAIN HOW THE PROPOSED CONDITIONAL USE FURTHERS THE GOALS AND POLICIES OF THE MOST RECENT CENTRE REGION COMPREHENSIVE PLAN AND CONFORMS TO THE APPLICABLE PARTS OF THE COMPREHENSIVE PLAN:

5. EXPLAIN HOW THE PROPOSED CONDITIONAL USE WILL BE COMPATIBLE WITH EXISTING AND PLANNED LAND USE IN THE SURROUNDING NEIGHBORHOOD AND WITH THE INTENT OF YOUR ZONING DISTRICT:



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6. DESCRIBE HOW THE CONDITIONAL USE WOULD NOT HAVE ADVERSE EFFECTS ON THE SURROUNDING PROPERTIES IN THE FOLLOWING AREAS:

PEDESTRIAN AND VEHICULAR TRAFFIC CIRCULATION AND SAFETY: _____

THE DEMAND FOR THE AVAILABILITY OF PUBLIC SERVICES AND FACILITIES (WATER, CENTRAL SEWER, ROADS, ETC.): _____

NOISE, AIR, WATER AND OTHER FORMS OF ENVIRONMENTAL POLLUTION: _____

THE MAINTENANCE OF COMPATIBLE AND EFFICIENT DEVELOPMENT PATTERNS AND LAND USE INTENSITIES: _____

****PLEASE NOTE:** *The Board of Supervisors will only approve the conditional use if they find that ALL of the following standards have been met. Each standard must have a response in as much detail as it takes to explain how your project satisfies the standards. The burden of proof rests with the property owner (applicant). Use additional paper if needed.*



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- 7. CERTAIN CONDITIONAL USES HAVE DETAILED STANDARDS THAT RELATE ONLY TO THAT TYPE OF CONDITIONAL USE. WHEN THERE ARE DETAILED STANDARDS THE BOARD OF SUPERVISORS MAY ONLY APPROVE THE CONDITIONAL USE IF THEY FIND THAT ALL GENERAL STANDARDS LISTED IN THE APPROPRIATE SECTION AND DETAILED STANDARDS LISTED FOR THAT CONDITIONAL USE ARE SATISFIED. EACH DETAILED STANDARD MUST HAVE A RESPONSE IN AS MUCH DETAIL AS IT TAKES TO EXPLAIN HOW YOUR PROJECT SATISFIES THE PARTICULAR STANDARDS. THE BURDEN OF PROOF RESTS WITH THE PROPERTY OWNER (APPLICANT). USE ADDITIONAL PAPER IF NEEDED.**



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In addition to this application, documentation must be submitted in compliance with Section 255-62 of the Zoning Ordinance.

My signature authorizes permission to post this property and permission to Township officials and staff to enter thereon for inspection. My signature further authorizes a waiver of the 60-day requirement to hold the first hearing (from date of application) as stipulated in the PA Municipalities Planning Code, recognizing that the Township will make every effort to abide by said requirement but if circumstances do not permit, to hold the first hearing as soon as reasonable feasible.

I certify that the information provided on this application and supporting documentation and plans are true and correct to the best of my knowledge, information, and belief.

APPLICANT SIGNATURE

APPLICANT PRINT NAME

DATE