

Application No. _____

Date _____

**CONDITIONAL USE APPLICATION
TO
THE BOARD OF SUPERVISORS
BETHEL TOWNSHIP, LEBANON COUNTY, PENNSYLVANIA**

1. Type of Conditional Use Requested:

2. Applicant:

Name: _____

Address: _____

Telephone Number: _____ Email: _____

3. Property Owner: (if other than above)

Name: _____

Address: _____

Telephone Number: _____ Email: _____

* If the applicant is someone other than the owner, explain the legal relationship with the owner that allows this application and supply a copy of any legal documentation in support of that (for example, agent, equitable owner, lessee).

4. Attorney:

Name: _____

Address: _____

Telephone Number: _____ Email: _____

5. Property Information:

Location of Property: _____

Deed Book Reference – Lebanon County Records: _____
(book) (page)

Lot Size: _____ Width: _____ Depth: _____

Zoning District: _____

Present Use: _____

Present improvements upon the land: (If additional space is required, attached additional sheets referencing Section 5).

Water and Sewer Status:

a) Are revisions to the water and/or sewer service lines required. _____

b) Will additional water and/or sewer capacity (EDU's) be required. _____

6. Provision(s) of the Township Zoning Ordinance under which the Application for a Conditional use is made:

Part Section Subsection

Part Section Subsection

- f. Application fee. The check should be made payable to:
Bethel Township, Lebanon County.

I (we) hereby verify that all of the information supplied in or submitted with this application is complete, true, and correct to the best of my (our) knowledge, information, and belief. I (we) understand that an intentional misrepresentation, misinformation, or incomplete information may result in the nullification of any relief granted by the Board of Supervisors, and that any false information supplied herein may subject me (us) to the penalties of 18 Pa. C.S. § 4904 relating to unsworn falsification to authorities.

Date: _____ Signature(s): _____

Date: _____ Signature(s): _____

A deposit of the application fee shall be made with Bethel Township when an application is filed. Fees are non-refundable.

Office Use Only

Date Received: _____ Received By: _____

Fees Received: _____ Check Number: _____

Hearing Date: _____

Decision/Outcome: _____

Date Decision mailed to Petitioner: _____ By: _____