

**REYNOLDS TOWNSHIP
SPECIAL LAND USE/PUBLIC HEARING
APPLICATION**

FEE: \$400.00

PERMIT NUMBER: _____

DATE: _____

ZONING DISTRICT: _____

TO THE REYNOLDS TOWNSHIP PLANNING COMMISSION:

Application is hereby made for a Special Use Permit, in accordance with the description and for the purpose hereinafter set forth. This application is made subject to all the Township, County and State laws, ordinances, rules and regulations now in force effecting thereto; and which are hereby agreed to by the undersigned applicant and which shall be deemed a condition entering into the exercise of the permit.

1. Land Owner's Name: _____
2. Land Owner's Address: _____
3. Occupant or User's Name: _____
4. Occupant or User's Address: _____
5. Location of Property: _____
6. Parcel Number: _____
7. Present Use: _____
8. Proposed Use: _____
9. Describe request: _____

10. Section(s) of the Zoning Ordinance that permit is being applied for: _____

I hereby authorize appropriate Reynolds Township Planning Commission/Zoning Administrator to enter upon the above-described property during normal business hours to conduct required inspections. I hereby certify, under the penalties of perjury, that the above information is true and correct.

(Phone Number)

(e-mail address)

(Signature of Applicant or Agent)

ACTION BY PLANNING COMMISSION

Approved: _____

Disapproved: _____

Stipulations: _____

Date of Final Action: _____

Signed: _____