

**Carroll Township, Perry County  
Conditional Use Application**

Applicant's Name:	Signature:	Date:	
Phone (Day):	(Evening):	Email:	
Applicant's Home Address::			
City:	State:	Zip Code:	
Owners Name:	Signature:	Date:	
Phone (Day):	(Evening):	Email:	
Owner's Home Address::			
City:	State:	Zip Code:	
Address of Property:			
City:	State:	Zip Code:	
Type of Use Proposed:			
Zoning District:	Building Height (feet):	Total Lot Area (Square Feet):	
Percentage of Lot Used for Conditional Use:			
Lot Coverage of All Buildings (%):	Vegetative Cover (%):		
Front Yard Setback (Feet):	Rear Yard Setback (Feet):		
Left Side Yard Setback (Feet):	Right Side Yard Setback (Feet):		
Buffer Yard (Feet):	Number of Off Street Parking Spaces:		
Off Street Loading and Unloading Area(s) Provided (Circle):	YES	NO	
State Highway Occupancy Permit Required (Circle):	YES	NO	Permit Number:
PA Department of Labor and Industry Occupancy Permit Required:	YES	NO	Permit Number:

In order to permit thorough review and consideration by the Township, each application shall be accompanied by an accurate site development plan in sufficient detail to determine compliance with applicable ordinance requirements. Each site plan submitted shall detail existing and proposed uses on the property and existing and proposed off street parking in accordance with Article XIV of the Carroll Township Zoning Ordinance.

The applicant shall provide proof that all criteria of the Carroll Township Zoning Ordinance, §138-94 H, as outlined below are met as part of the application. Attach additional pages as necessary to provide required information.

**A public hearing will be scheduled before the Board of Supervisors at which time you must appear and present evidence in support of your application and your compliance with the standards set forth in §138-94H.**

H. Conditional use criteria. The following general standards shall be used as guidelines by the Planning Commission and governing body in acting upon applications for conditional uses. In passing upon such applications the Commission and/or governing body shall determine:

1. That the establishment, maintenance or operation of the conditional use will not be detrimental to or endanger the public health, safety, morals, comfort or general welfare.
2. That the conditional use will not be injurious to the use and enjoyment of other properties in the immediate vicinity for the purposes already permitted, or substantially diminish and impair property values within the neighborhood.
3. That the establishment of the conditional use will not impede the normal and orderly development and improvement of the surrounding property for uses permitted in the district.
4. That adequate measures have been or will be taken to provide ingress and egress so designed as to minimize traffic congestion and to facilitate the circulation and movement of pedestrian and vehicular traffic.
5. That adequate utility services and facilities such as sanitary and storm sewers, water, trash and garbage collection and disposal, access roads and other necessary facilities have been or are being provided.
6. That the intended purpose of the proposed use is not inconsistent with the planning policies of the Township as contained in the Carroll Township Comprehensive Plan and this chapter.
7. In granting a conditional use, the governing body may attach such reasonable conditions and safeguards, in addition to those expressed in this chapter, as it may deem necessary to implement the purposes of this chapter and of the Municipalities Planning Code.

**Conditional Use Application**

Applicant's Name: \_\_\_\_\_

Address of Property: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Fee: \$600.00 \_\_\_\_\_ Check No.: \_\_\_\_\_ Cash: \_\_\_\_\_

Received by (Township Official): \_\_\_\_\_ Date: \_\_\_\_\_

Date of Publication of Public Hearing: \_\_\_\_\_ Place of Publication: \_\_\_\_\_ Date of Hearing: \_\_\_\_\_

Zoning Officer Reviewed: \_\_\_\_\_ Recommend Approval (Circle): YES NO

Zoning Officer Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Planning Commission Recommendation**

Review Date: \_\_\_\_\_

Recommend Approval: \_\_\_\_\_ Chairperson: \_\_\_\_\_

Recommend Disapproval: \_\_\_\_\_ Secretary: \_\_\_\_\_

Conditions Recommended: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Carroll Township Board of Supervisors Action**

Review Date: \_\_\_\_\_

Approved: \_\_\_\_\_ Chairperson: \_\_\_\_\_

Disapproved: \_\_\_\_\_ Secretary: \_\_\_\_\_

Conditions / Comments: \_\_\_\_\_

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