

## LOWER NAZARETH TOWNSHIP PLANNING & ZONING OFFICE

623 MUNICIPAL DRIVE, SUITE 200 NAZARETH, PA 18064 TELEPHONE: 610-759-7434 FAX: 610-746-3317

## **CONDITIONAL USE APPLICATION**

	Applicant's Name				
	Contact Person	Conditional Use #			
	Contact reison				
	Street Address				
	City, State & Zip Code				
	Phone Number	Date Received (For Official Use Only)			
	Email Address				
by	answering " <b>Not Applicable</b> ".  complete site plan must be attached to this application.	nes not pertain to your project, please indicate on this form  1. Please refer to the Lower Nazareth Zoning Ordinance <b>Site</b>			
Pla	an Review - Section 122.				
	All questions must be answered to co	nsider this application form complete.			
	** <u>Please type o</u>	or print clearly**			
1.	What is the applicant's interest in the premises affected	d?			
	$\square$ Owner $\square$ Equitable Owner $\square$ Tenant $\square$ Other $\_$				
2.	If the property owner is not the applicant, list the full name, address and phone number of the owner.				
	PROPERTY OWNER:   □ Same as Applicant	Phone #: ()			
	·	Alternate Phone #: ()			
		Fax #: ()			
	Point of Contact:	Email Address:			
3.	Consultants				
	ENGINEER/SURVEYOR:	Phone #: ()			
	Address :	Alternate Phone #: ()			
	Point of Contact:	Email Address:			

	ATTORNEY:	Phone #: ()	
	Address:	Alternate Phone #: ()	
		Fax #: ()	
	Point of Contact:	Email Address:	
4.	Property Information:		
	Location:(Street Address)	Tax Map ID:	
		Proposed Use:	
	Present Use: Date of When Present Use Began:		
	Date of Acquisition of this Property by the Owner:		
	List Each Structure and It's Current Use on This Property:		
5.	What type of sewage and water facilities are present on the property? If facilities are not present on this property please refer to question 16.		
	Source of Water Supply: ☐ None ☐ Well ☐ Public Sewage Disposal: ☐ None ☐ On-Lot ☐ Private System ☐ Public		
6.	Are there any outstanding state or federal violations cited on this property at the time of this application?		
	☐ No ☐ Yes If yes, please explain these violations below:		
7.	Has any previous zoning appeal been filed in connection of the second of		
8.	Does the applicant intend to file any other type of zoning appeal for this project? ☐ No ☐ Yes		
	If yes, please check the type of zoning appeal sought:		
	□ Variance Appeal □		
9.	to be presented to the Lower Nazareth Township Bo Nazareth Township Zoning Ordinance and any oth	onditional Use including the primary relevant facts intended pard of Supervisors. Please list all sections of the Lowerner Township ordinance in which approval is referenced description of all explosive or toxic materials to be stored on onal space is needed.	
10.		List hours of operation, number and type of employees, nature of normal business operations. Please reference to	
		<del></del>	

11.	Are additional state, federal or other permits required to operate the proposed use or construct the structure? If yes, please provide the list of permits (and their status) required to operate the proposed use or structure.
12.	Describe the landscaping proposed for this project. Please indicate the type of landscaping buffering proposed, if any.
13.	What is the character of the buildings and uses on abutting properties, and what is the general character of the surrounding neighborhood? Please reference to your attachment if additional space is needed.
14.	What will the impact of this use be on existing traffic patterns and volumes? Has a traffic study been done which complies with the Lower Nazareth Township Zoning Ordinance for this Conditional Use? Please specify the amount of parking spaces and unloading areas as specified in the Lower Nazareth Township Zoning Ordinance.
15.	What will the impact of this use be on existing storm water infrastructure? Has a storm water engineering study been done that complies with Act 167? Has this plan been submitted to Lehigh Valley Planning Commission for their review?
16.	What will the impact of this use be on existing sewage or potable water infrastructure? Does this project comply with Act 537 and has the applicant secured DEP Sewage Facilities Planning Module approval? Will this project need municipal water, or will individual wells be supplied to each dwelling unit or building? If a private water and sewer system is proposed, please indicate this within this section. An engineering study and plan should be done prior to the submission of this conditional use for sewer and water supplied in order to supply the information needed for the Board of Supervisors to determine conditional use approval.
17.	What degree will the proposed Conditional Use emit smoke, dust, odor or other air pollutants, noise, vibration, light, electrical disturbances, water pollutants, or chemical pollutants? Such evidence may include the proposed use of proven special structural or technological innovations. Please provide specific and detailed information on all the aforementioned topics. Please reference to your attachment if additional space is needed.

18.	which the property is located, or substantially or permanently impair the appropriate use of development of adjacent property, or be detrimental to the public welfare? Please give reasons for your answers to the questions by explaining below: (Please reference to your attachment if additional space is needed.)
19.	(I) (WE) believe that the Board should approve this request because: (include the grounds for the Conditional Use or reasons both with respect to law and fact for granting the Conditional Use requested.) Please reference to your attachment if additional space is needed.
20.	Comments, other relevant information or additional space for answering questions. Please indicate if additional attachments are with this appeal application:
on	ereby certify that all the above statements contained in this application and any papers or plans submitted behalf of this Conditional Use to the Lower Nazareth Board of Supervisors herewith are true to the best of knowledge and belief.
Dat	e
Dat	(signature of Applicant)
Dat	(signature of Owner)