



SHENANGO TOWNSHIP

Application for Conditional Use Hearing

1000 Willowbrook Road, New Castle, PA 16101

P: 724-658-4460 • F: 724-658-1255 • www.ShenangoTownship.org

Applicants Name: _____	
Street Address: _____	
City & Zip Code: _____	
Phone: _____	Cell Phone: _____

Owners Name: _____	
Street Address: _____	
City & Zip Code: _____	
Phone: _____	Cell Phone: _____

Proposed Plan Name: _____

Property Location (Address): _____

Lot Size: _____ Zoning District: _____

To the Township Supervisors, I (we) the undersigned do hereby appeal to the Township Supervisors for review of our Conditional use for, _____

Conditional Use Requested: _____

I (we) certify that the information provided is true and correct to the best of my (our) knowledge.

Signature/Owner

Date

Signature/Owner

Date

Fee Paid

Ordinance Attached