

BARRETT TOWNSHIP

Barrett Administrative and Recreation Center
1200 Route 390 Cresco, PA 18326



Phone: 570 595 2602
www.BarrettTownship.com

CONDITIONAL USE HEARING APPLICATION

Application requirements and regulations:

- Fees must be paid at the time of application.
- Seven (7) copies of the site plan.
- Name, address, mailing address and Monroe County Tax Map Parcel No. of all properties within 500 feet of the property line of the applicant. This includes properties across the street.
- Supplemental documents may be required to be submitted as part of this application, at the discretion of the Zoning Officer.

Property Owner Name _____

Phone Number _____ E-mail Address _____

Property Owner Address _____

If different from the above noted Property Owner please indicate the following:

Applicant Name _____

Phone Number _____ E-mail Address _____

Applicant Address _____

Attorney/Agent Name _____

Phone Number _____ E-mail Address _____

Attorney/Agent Address _____

Property Address _____

Tax Parcel Number _____ Zoning District _____

Lot Size _____

Present Use of Property, describe _____

Proposed Use of Property, describe _____

Request for Conditional Use under Section(s) of Township Zoning Ordinance _____

Nature of the Conditional Use requested _____

Reasons for request _____

Days and hours of operation _____

Anticipated employees: Average _____ Maximum _____

Required parking as per Township Zoning Ordinance _____

Number of parking spaces: Existing _____ Proposed _____

Do you anticipate this use to have any effect on traffic or highway safety on neighboring streets or roads?

If so, what effect? _____

Will proposed use of the premises result in:

The dissemination of noxious, toxic or corrosive fumes, smoke, odor or dust? _____

Unusually loud noise or vibration? _____

Unusually high potential for fire or explosion? _____

Objectionable heat, glare, or radiation beyond property lines? _____

Major electrical interference beyond property line? _____

The discharge of untreated sewage or industrial waste into any stream
or the pollution of surface or underground water? _____

The creation of any objectionable condition that will endanger public
health and safety? _____

Does the use require storage of hazardous materials or waste on site? _____

If your answer to any of these questions is yes, please explain in detail on separate sheet and attach.

The undersigned, being duly sworn according to law, deposes and says that he/she is the above-named applicant, that he/she is authorized to and does take this affidavit on behalf of the owner, and that the foregoing facts are true and correct.

Applicant Signature

Date

Township Use Only

Date of Application _____

Fees Paid _____

Escrow _____

Zoning Officer Signature

Date