

**WINFIELD TOWNSHIP**  
**CONDITIONAL USE APPLICATION**

*Please fill in the information requested below. This will provide the Planning Commission and the Board of Supervisors with general information regarding your request, which you may expand on during the Conditional Use Public Hearing. Please be as specific as possible and attach five (5) copies of any information, drawings, or maps you feel may be beneficial in assisting them in rendering their decision. All information must be submitted 20 days prior to the Planning Commission Meeting which meets on the first Wednesday of each month accompanied by a check in the amount of \$300 payable to Winfield Township.*

**Date Received:** \_\_\_\_\_ **By:** \_\_\_\_\_

**Name of Applicant:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Name of Business (as applicable):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Type of Conditional Use requested:** \_\_\_\_\_

**Zoning District:** \_\_\_\_\_

**Map & Parcel No.** \_\_\_\_\_

**Reason for requesting a Conditional Use hearing:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FOR TOWNSHIP USE ONLY**

<b>Meeting Dates :</b> _____	<b>Reviewed</b> _____	<b>Planning Commission</b>	<input type="checkbox"/> <b>Approved</b>	<input type="checkbox"/> <b>With Conditions</b>	<input type="checkbox"/> <b>Denied</b>
		<b>Winfield Supervisors</b>	<input type="checkbox"/> <b>Approved</b>	<input type="checkbox"/> <b>With Conditions</b>	<input type="checkbox"/> <b>Denied</b>