



DICKINSON TOWNSHIP MUNICIPAL BUILDING
219 MOUNTAIN VIEW ROAD
Mt. HOLLY SPRINGS, PA 17065
PHONE (717) 486-7424
FAX (717) 486-8412
Dickinsontownship.org

CONDITIONAL USE APPLICATION

NAME: _____
ADDRESS: _____

DATE: _____

PROPERTY LOCATION: _____
(If Different from above) _____

Zoning Classification: _____ **Total Lot Area;** _____

Existing Use and Improvements: _____

Proposed Improvement: _____

Applicant seeks the grant of a Conditional Use Permit on the following basis:
According to Dickinson Township Code Article VII. _____

NOTE: Conditions may be imposed upon the grant of any Conditional Use granted by the Board of Supervisors. Strict compliance with those conditions will be enforced.

Application Fee: \$1,000.00 **Paid:** _____ **Date:** _____

Signature of Owner