

TOWNSHIP OF FERGUSON

3147 Research Drive • State College, Pennsylvania 16801 Telephone: 814-238-4651 • Fax: 814-238-3454 www.twp.ferguson.pa.us

CONDITIONAL USE APPLICATION REQUEST FOR FERGUSON TOWNSHIP

	Submittal Date:				
Application Fee: Please refer to the	Township's Fee Sched	ule for the correct an	nount.		
Applicant Information					
Name					
Street Address	City	State	Zip		
Phone Number					
Property Information					
Tax Parcel Number	Lot Size	Zoning District			
Property Location (Address)	City	State	Zip		
s this a changed use?					
What do you propose to do on the l	ot? (please include de	etails)			
Are there existing buildings on the lo	ot? If so, how many?				
☐ Yes ☐ No # of Buildings	•				

What size(s) are the existing buildings (square feet)?
If proposing a building, please state the size (square feet).
If proposing a parking lot, please state the size, how many cars can be parked in the parking lot (including handicap accessible), and how many employees you hope to employ.
Please explain how the proposed project will not subsequently alter or change the character of the neighborhood.
Additional Comments (attach additional sheets if necessary)
I hereby certify that all of the above statements contained in any papers or plans submitted herewith are true to the best of my knowledge and belief. I understand that other permits may be required and made separately from this application.
Owner/Applicant Name Date
WAIVER OF STENOGRAPHER RECORD
I agree to waive the requirements of Section 908 of the Pennsylvania Municipalities Planning Code which requires that a stenographic record of the proceedings be made, and consent that record of the proceedings be prepared from a tape recording of the hearing and the recording secretary's minutes.
Applicant's Signature:
Date

-For Office Use Only-				
Date Received:	By:			
Date Paid:	Check No.:	Amount:		
Advertisement Dates:	tes: Planning Commission Review Date:			
Board of Supervisors Meeting Date:				