

**GREENWICH TOWNSHIP
Conditional Use Application**

The undersigned hereby applies for Review by the Board of Supervisors of Greenwich Township for the Conditional Use Application submitted herewith and described below:

1. Applicant: _____
Address: _____
_____ Phone No.: _____
2. Owner: _____
3. Address or location of property to be affected: _____
4. Tax Parcel No.: _____ Deed Book No.: _____
5. Total Acreage of Tract: _____ Acreage to be Developed: _____
6. Number of Lots: _____ Plan No.: _____
7. Present Zoning: _____ Zoning Changes/Variances, if any to be requested: _____

8. Type of Water Supply Proposed: _____ Public (Municipal) System
_____ Semi-Public (Community) System
_____ Individual On-Site
9. Type of Sanitary Sewage Disposal Proposed: _____ Public (Municipal) System
_____ Semi-Public (Community) System
_____ Individual On-site
_____ Other
10. Is the proposed use located in the Saucony Creek Watershed: _____ yes _____ no
11. Description of Request: _____

The Applicant/Owner must follow Article IX and submit this application with 9 sets of plans and the Berks County Planning Commission Application.

Date: _____ Signature of Owner or Applicant: _____