

**APPLICATION FOR CONDITIONAL USE HEARING
BIRMINGHAM TOWNSHIP
BOARD OF SUPERVISORS**

APPLICANT: _____
(If not owner, list name below)

PARCEL NO: _____

ADDRESS: _____

TELEPHONE NO: _____

OWNER: _____

ADDRESS: _____

TELEPHONE NO: _____

ATTORNEY: _____
(If applicable)

ADDRESS: _____

TELEPHONE NO: _____

ENGINEER (If applicable): _____

ZONING CLASSIFICATION: _____ LOT SIZE (acreage): _____
(Of property in question)

PRESENT USE OF PROPERTY: _____

PURPOSE OF APPLICATION: _____

SIGNATURE _____
(Applicant)

SIGNATURE _____
(Property owner if different from applicant)

NOTE: Check or Money Order in the amount of \$2,500.00 payable to Birmingham Township must accompany each application.