

- Neighboring property owners (*address & phone number*)

Signature of Applicant

Date

I certify that the information in this application is correct, and I further agree to pay for the cost of the application and any additional costs incurred pertaining to this hearing. I further grant permission for the Supervisors or any other Lower Mifflin Township Official to enter the property for the purpose of verifying or inspecting the property. This application does not guarantee acceptance in what the request above outlines.

ADMINISTRATION

Date Advertised (*1 week prior to hearing*) _____

Property Posting (*1 week prior to hearing*) _____

Conditional Use Decision _____

Conditions of Approval _____

 Chairman of the Board

 Zoning Officer

 Secretary