

STROUD TOWNSHIP  
1211 North 5<sup>th</sup> Street  
Stroudsburg, PA 18360  
Phone: 570-421-3362 Fax: 570-421-3240

**APPLICATION FOR A CONDITIONAL USE  
REQUIRING ACTION BY THE BOARD OF SUPERVISORS**

DATE: \_\_\_\_\_

CU#: \_\_\_\_\_  
*(Township will complete this item)*

**PROPERTY INFORMATION**

Project Location: \_\_\_\_\_  
Tax Map PIN #: \_\_\_\_\_  
Deed Book/Volume Information: \_\_\_\_\_  
Property Acreage: \_\_\_\_\_ Zoning District: \_\_\_\_\_  
Existing Use/Conditions: \_\_\_\_\_  
Reference any encumbrances,  
deed restrictions, etc.: \_\_\_\_\_

**PROJECT INFORMATION**

Project Description: \_\_\_\_\_  
Conditional Use Sought: \_\_\_\_\_  
Ordinance (Zoning,  
Flood Plain, etc.)  
and Section(s)  
Requiring Conditional Use: \_\_\_\_\_

**CONTACT INFORMATION**

<b>Applicant:</b> _____	<b>Property Owner</b> _____
Address: _____	Address: _____
Phone #: _____	Phone #: _____
Email: _____	Email _____

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<b>Attorney:</b> _____	<b>Engineer:</b> _____
Address: _____	Address: _____
Phone #: _____	Phone #: _____
Email: _____	Email: _____

**CONTACT INFORMATION (Continued)**

**Contractor:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_

\_\_\_\_\_  
*(print or type name and title)*

**Signature of Property Owner  
acknowledging approval  
of submission of this application:** \_\_\_\_\_

\_\_\_\_\_  
*(print or type name and title)*

**CHECKLIST**

Application will not be accepted without the following information. Fifteen (15) copies of the following to be submitted, as applicable:

- Application with original signatures
- Application Fee
- Site Plan – including information specified in the applicable ordinance
- Traffic report, if applicable
- Fiscal Impact Analysis, if applicable
- Environmental Assessment, if applicable
- Supporting documentation, as specified in the applicable ordinance

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*Township will complete this section*

**DATE RECEIVED:** \_\_\_\_\_ **FEE:** \_\_\_\_\_ **ZO INITIALS:** \_\_\_\_\_