



Conditional Use Permit (CUP)
Application Form
(Includes CUP Amendments)

Borough of Grove City Planning Commission
123 W. Main Street
P.O. Box 110
Grove City, PA 16127
Phone: 724.458.7060 Fax: 724.458.4114

Applicant Information

Property Owner(s): _____

Street Address: _____

City: _____ State: _____ Zip: _____ E-mail: _____

Work phone: _____ Home phone: _____ Fax: _____

Authorized Owner Representative (if any): _____

Street Address: _____

City: _____ State: _____ Zip: _____ E-mail: _____

Work phone: _____ Home phone: _____ Fax: _____

Authorized Professional Agent (Engineer, Architect, Attorney, etc.) – if different from above

Street Address: _____

City: _____ State: _____ Zip: _____ E-mail: _____

Work phone: _____ Home phone: _____ Fax: _____

Authorization

I (we) am (are) the owner(s) of record for the subject property and hereby authorize filing of this application and any agent listing in this application to represent the owner(s). I (we) allow posting of signage on the property by the Borough of Grove City for the requested zoning change. I (we) declare that all submitted information is complete and accurate. I (we) hereby acknowledge that all zoning application procedures have been reviewed and understood as part of this submittal.

Owner 1 Name: _____

Owner 1 Signature: _____ Date: _____

Owner 2 Name: _____

Owner 2 Signature: _____ Date: _____

Requested Action and Site Information

Address or Location of Property for which CUP is requested: _____

Legal Description of Property*: lot(s) _____ block _____ subdivision _____
lot(s) _____ block _____ subdivision _____

**if unplatted, attach metes and bounds description*

Total Area (acres or square feet): _____

CUP use requested: _____

If this is an amendment to an existing CUP, is it a Minor or Major CUP Amendment? _____

Existing Zoning of Property: _____

Existing Use(s) of Property: _____

How long has the existing use been active on the property? _____

Was a Pre-Application Meeting or Zoning Inquiry completed with staff? _____ If yes, when? _____

Is neighborhood meeting required? _____ If yes, indicate date, time, and place: _____

A CUP site plan is required unless waived by the Planning Director. The CUP site plan and a Statement of Operations describing the proposed use and its operating characteristics shall provide sufficient detail to address the Guidelines for Evaluation of CUP Applications.

This application will not be scheduled for public hearings until all property taxes and any special assessments due are current.

PLANNING OFFICE USE ONLY

Date submitted: _____

Date notice sent: _____

Application no.: _____

Date advertised: _____

Filing fee: _____ Receipt no.: _____

Date of hearing: _____

Property Taxes Current? Yes ____ No ____

Council district: _____

Parcel No.: _____

NIA/NA: _____