

Eldred Township
Application for Conditional Use
Hearing before the Board of Supervisors

Name of Plan: _____

Property Owner: _____

Mailing Address: _____

Address of Proposed Project: _____

Phone Number _____ Cell: _____ E-Mail: _____

Tax I.D. Number _____

Narrative:

Township Fees

Date Submitted: _____

Amount: _____

Check Number: _____

Received by: _____

Costs Incurred: (for administrative use only)

Advertising: _____

Legal: _____

Transcriptionist: _____

Other: _____