

MATAMORAS BOROUGH SPECIAL EXCEPTION APPLICATION

NAME: _____ Date: _____

Address: _____ Zone: _____

Proposed Use: _____

Conforming Use/ Non-Conforming Use (CIRCLE ONE)

Will use affect parking? _____

Will use need signage? _____

Any indoor/outdoor storage? _____

Is use in or next to a residential zone? _____

Any trucks to be used? _____ Type? _____

Any vehicles to be parked at site? _____

Any deliveries to site? _____

Will use create noise, odors or visual effect? _____

Any state licenses or certifications required? _____

Are any state inspections required? _____

Will use create any unsanitary conditions? _____

Will use have any abnormal operating hours? _____

What personnel will use have? _____

Will use affect septic system? _____

Other possible effects: _____

Applicant's Signature: _____ Date: _____

Submitted: _____ Zoning Officer: _____

Received by Planning Commission: _____ Next Meeting: _____