

TOWNSHIP OF FINDLAY  
Use By Right

Please print or type. Missing or incomplete information may cause a delay in the processing of this application.

Name of Owner: Dan Ryan Builders Phone: 412-818-8894  
 Address of Owner: 4000 Town Center Blvd.  
Suite 200  
 Name of Applicant: Canonsburg, PA 15317 Phone: \_\_\_\_\_  
 Address of Applicant: \_\_\_\_\_  
 Engineer: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Project/Site Name: THE ABBEY - LOT # 110  
 Address/Location: 118 HOLY CROSS DR. County Tax Ident.# \_\_\_\_\_  
 Acreage or Sq.Ft.: 226 ACRES Zoning: RESIDENTIAL Overlay District: \_\_\_\_\_  
 Est. Completion Date \_\_\_\_\_ Est. Proj. Cost \$ 230,000  
 RESIDENTIAL:  
 No. of Lots: 1 No. Buildings: 1 No. of Dwelling Units: 1  
 COMMERCIAL/INST:  
 No. Buildings: \_\_\_\_\_ No. of Shops: \_\_\_\_\_ Total Sq.Ft.: \_\_\_\_\_  
 Present Use: N/A  
 Proposed Use or Alterations: SFD

Has a previous application been filed with the Supervisors for this property? \_\_\_\_\_  
If so, when? \_\_\_\_\_

INSTRUCTIONS TO APPLICANT

This application must be submitted to the Zoning Administrator along with the following supplemental materials:  
(a) Three (3) copies of a Site Plan, as defined by the Findlay Township Zoning Ordinance, in addition to an electronic copy;

(b) Completed Site Capacity Worksheet (available at Township Office);

(c) Application review fee:

Single Family - \$25.00

Commercial/Industrial - \$25.00 1st 5,000 sq.ft. + 2.00 each additional 1,000 sq.ft. and \$200.00 escrow

Apartments - \$25.00 1st three + 5.00 each additional apt and \$200.00 escrow

DR Bullert Co. LLC  
Signature of Owner

4/11/24  
Date

COMMONWEALTH OF PENNSYLVANIA  
COUNTY OF ALLEGHENY

\*\*NOTE: NOTARY NOT REQUIRED FOR RESIDENTIAL\*\*

\_\_\_\_\_, being duly sworn, deposed and says that he is the owner of the premises herein described, and that all the above statements contained in any papers or plans submitted herewith are true to the best of my knowledge and belief. Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public Date

My commission expires: \_\_\_\_\_ (SEAL)

APPROVED BY:

PLS Stk  
Zoning Administrator

4/12/24  
Date

OFFICIAL USE ONLY:

DATE OF APPLICATION: 4/8/24

AMOUNT PAID: 25.00  
CHECK # 3966

BUILDING PERMIT #: 24-120