

TOWAMENCIN TOWNSHIP

1090 Troxel Road
Lansdale, PA 19446
Phone: (215) 368-7602 Fax: (215) 368-7650
info@towamencin.org

APPLICATION TO THE TOWAMENCIN TOWNSHIP BOARD OF SUPERVISORS CONDITIONAL USE

1. APPLICANT

Name: _____ E-Mail: _____

Address: _____ Phone: _____

Applicant's interest in property: ☐ Legal Owner ☐ Equitable Owner ☐ Tenant

Other (Specify): _____

2. OWNER

Name: _____ E-Mail: _____

Address: _____ Phone: _____

3. PROPERTY

Address: _____

Block: _____ Unit: _____ Parcel No.: _____

Zoning Classification: _____

Public Water: ☐ Yes ☐ No Public Sewer: ☐ Yes ☐ No

Present improvements to property: _____

Present use of property: _____

Proposed improvements to property: _____

Proposed use of property: _____

Previous Conditional Use Board action relative to this property? ☐ Yes ☐ No Application No: _____

Nature of above action: _____

4. ATTORNEY:

Representation by legal counsel? ☐ Yes ☐ No

Name: _____ E-Mail: _____

Address: _____ Phone: _____

5. APPLICATION FOR:

Variance/Conditional Use

Section of Zoning Ordinance involved: _____

6. Description of Conditional Use Sought: _____

7. Basis of entitlement to Conditional Use: Applicant believes Board should grant Conditional Use because (Attach additional sheets if necessary): _____

8. APPLICATION MUST INCLUDE SUBMISSION OF ALL OF THE FOLLOWING:

- A. Original and ten (10) copies of Conditional Use Application.
- B. Eleven (11) copies of Site Plan/Plot Plan of the property, accurately drawn to scale and depicting location, dimensions and setbacks, and current and proposed improvements.
- C. Eleven (11) copies of property deed and proof of equitable ownership if applicable.

NOTE: Failure to provide the required fee and **all** of the requested information and documentation, per the instructions of this form, will result in return of the application.

All plans/exhibits to be submitted in evidence at the hearing must be foldable to a size suitable for filing in an 8 ½" x 14" space.

I, the undersigned, herewith declare the information stated herein and the additionally submitted documentation to be true and correct facts to the best of my knowledge or information and belief. I understand that false statements are made subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to the authorities.

Applicant's Signature: _____

Date: _____

I authorize the applicant as listed above to present this petition on my behalf.

Owner's Signature: _____

Date: _____

COSTS INCLUDE APPLICATION FEE PLUS ADVERTISING COSTS

FOR OFFICIAL USE ONLY

Date Application Received: _____

Application No. _____

Fee Amount: _____

Check No. _____

Received By: _____

Escrow Amount: _____

Check No. _____

Signature of Zoning Officer: _____