## TOWAMENCIN TOWNSHIP

1090 Troxel Road Lansdale, PA 19446

215-368-7602 FAX: 215-368-7650

info@towamencin.org

## APPLICATION TO THE TOWAMENCIN TOWNSHIP BOARD OF SUPERVISORS CONDITIONAL USE

## 1. APPLICANT

	A. Name:	E-Mail.:
	B. Address:	Phone No:
	Applicant's interest in property: Legal Owner Equitable Owner	Tenant
	Other (specify):	
2. OWNER		
	A. Name:	E-Mail:
	B. Address:	Phone No:
3.	PROPERTY	
	A. Address:	
	B. Block: Unit: Parcel No.:	
	C. Zoning Classification:	
	D. Public Water: Yes No Public Sewer: Y	/es No
	E. Present improvements to property:	
	F. Present use of property:	
G. Proposed improvements to property:  H. Proposed use of property:		
I. Previous Conditional Use Board action relative to this property? Yes No Application No:		No Application No:
	Nature of above action:	
4. ATTORNEY:		
Representation by legal counsel? Yes No		
N	Name:	E-Mail:
	Address:	Phone No:

## **APPLICATION FOR:** A. Variance/Conditional Use 1. Section of Zoning Ordinance involved: Description of Conditional Use Sought: Basis of entitlement to Conditional Use: Applicant believes Board should grant Conditional Use because (Attach additional sheets if necessary): 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. 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 authorities. Applicant's Signature: Date: I authorize the applicant as listed above to present this petition on my behalf. Owner's Signature: COSTS INCLUDE APPLICATION FEE PLUS ADVERTISING COSTS FOR OFFICIAL USE ONLY Date Application Received: Application No.\_\_\_\_\_ Check No. Fee Amount: \_\_\_\_\_ Received By: \_\_\_\_\_ Check No. Escrow Amount: \_\_\_\_\_ Signature of Zoning Officer: