

260 Lewis Road West Grove, PA 19390 (o) 610-869-9620 • (f) 610-869-9194

office@penntownship.us

Conditional Use Application • For special exception, variance or appeal •

This application form must be completed and submitted, along with the appropriate payment and attachments, to the Penn Township Secretary, so a hearing may be scheduled. In addition to their original the applicant should turn in seven (7) copies of the completed application and seven (7) copies of any and all plans, as well as an electronic copy of both the application and plans. Please include Applicant's Deed, Lease and/ or agreement of sale.

This application is made in accordance the Penn Township Zoning Ordinance.

TYPE OF ACTION REQUESTED:	TOWNSHIP USE ONLY:
☐ Conditional Use (Board of Supervisors)	Application #:
1 /	Date of Hearing:
	Amount Paid: \$
APPLICANT	DWNER(S)
Name	Name
Address	Address
Phone(s)	Phone(s)
Email	Email
Relationship to Owner	
ATTORNEY	ATTORNEY
Name	Name
Address	Address
Phone(s)	Phone(s)
Fmail	Email

Nature of this Application

This proceeding is based on the Penn Township Zoning Ordinance

No		Section(s)	
Intere	st of Applicant/Appellant in Property:	:	
Stater	ment of Relief Sought/Reason for App	lication of Appeal:	
Addit	ional Comments:		
Addit	ionai Comments.		
(Please	collowing items are attached here to for a note: in addition to the original copy of the a hip office for the application to be considered. Copies of the Deed to the premises of	application and plan an additional five I complete.)	(5) copies must be turned into the Penn
	-		lifferent from the Deed description in
	Copies of the site plan, plot plan or existing buildings, improvements an additions to the existing buildings, i buildings, improvements or structure	nd structures located on such promprovements or structures located	operty, and proposed changes or ted on such property and any new
	A copy of the original application (i	f any) made to the Zoning Offic	cer.
	Copies of the order or decision appe	ealed form.	
	erstand that the Penn Township Board red by this application or appeal. 1	of Supervisors shall have the ri	ight to asses any additional costs
	Applicant Signature	<u> </u>	Date

1 - The hearing costs, initial and additional, are subject to certain limitations under Pennsylvania law.

Property Information

Address			
Tax Assessment Number	Zoning	District	
Date Acquired	Total Area of I	Total Area of Lot	
Present Use(s)			
Proposed Use(s)			
Dimensions of Lot			
Descriptions of Existing Buildings and S	Structures		
2	Proposed Constructí	on	
Building Dimensions: Height	Width	Depth	
Square Feet: First Floor	Second Floor	Additional	
Total Impervious Coverage after Constr	uction		
Proposed Building Setback: Front	Rear		
Side		Side	
Type of Construction Proposed			
Estimated Cost: \$			
Contractor		Architect	
Name	Name		
Address	Address _		
Email	Email		
Phone	Phone		
Fax	Fax		

COMMONWEALTH OF PENNSYLVANIA:

SS.

•	33.	
COUNTY OF CHESTER:		
, being duly sworn accordin the Affidavit on the Applicant's behalf, and that the facts s knowledge, information and belief.	ng to law, deposes and says that he/she set forth herein are true and correct to th	
- -	Signature	
	Print Name and ⁻	Title
Sworn to and subscribed before me this _	day of	, 20
-	Notary Public	(SEAL)