



WHITEMARSH TOWNSHIP CONDITIONAL USE APPLICATION

Applicant Information

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____
Interest of Applicant, if not owner (agent, lessee, etc.): _____

Owner Information

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____

Attorney for Applicant Information

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____

1. Brief Description of Real Estate Affected:

Parcel #(s): _____ Block No. _____
Address: _____
Lot Size: _____ Deed Recorded at Norristown in Deed Book No.: _____ Page No.: _____
Present Zoning Classification: _____ Present Use: _____
Present Improvements on Land: _____

2. Specific Section(s) of the Zoning Code upon which this Application is based:



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3. Describe the Proposed Use of Property						
<hr/> <hr/> <hr/> <hr/>						
4. Briefly State Why the Applicant Believes the Board of Supervisors Should Grant the Application:						
<p>NOTE: The applicant or its representative(s) shall be required to provide testimony at the Planning Commission meeting(s) at which this application is discussed and at the required Board of Supervisors Public Hearing(s) for this application, addressing the Board of Supervisors considerations as specified in Section 116-37.F. of the Whitemarsh Township Zoning Ordinance.</p> <hr/> <hr/> <hr/>						
5. Answer the Following Questions and Provide a Date of Previous Application (if known):						
<table style="width: 100%; border: none;"> <tr> <td style="width: 70%;">Has a previous Conditional Use Application been filed for this Property?</td> <td style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No _____</td> </tr> <tr> <td>Has a previous Zoning Hearing Board Application been filed for this Property?</td> <td style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No _____</td> </tr> <tr> <td>Has a previous Subdivision or Land Development Application been filed for this Property?</td> <td style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No _____</td> </tr> </table>	Has a previous Conditional Use Application been filed for this Property?	<input type="checkbox"/> Yes <input type="checkbox"/> No _____	Has a previous Zoning Hearing Board Application been filed for this Property?	<input type="checkbox"/> Yes <input type="checkbox"/> No _____	Has a previous Subdivision or Land Development Application been filed for this Property?	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
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In addition to this application, documentation must be submitted in compliance with Section 116-37.A. of the Zoning Ordinance, reproduced here for convenience.

- 116-37. A. Conditional use procedures. The procedure for granting of conditional uses in any zoning district shall be as follows:
- A. The applicant shall file an application for a conditional use permit with the Board of Supervisors. The application shall contain the following material:
 - (1) Appropriate design plans and/or specifications, in conformance with the requirements for a preliminary subdivision or land development plan.
 - (2) Photographs depicting the site.
 - (3) Appropriate engineering responses to any identified or suspected site development problem.
 - (4) Other related information required to support the application.

My signature authorizes permission to post this property and permission to Township officials and staff to enter thereon for inspection purposes. My signature further authorizes a waiver of the 60-day requirement to hold the first hearing (from date of application) as stipulated in the PA Municipalities Planning Code, recognizing that the Township will make every effort to abide by said requirement but if circumstances do not permit, to hold the first hearing as soon as reasonable feasible.

I certify that the information provided on this application and supporting documentation and plans are true and correct to the best of my knowledge, information and belief.

DEPARTMENT USE ONLY
C.U. Application #: _____
Date Received: _____
Fee Paid: \$ _____ Date Paid: ____/____/____

APPLICANT SIGNATURE: _____

PRINT NAME: _____