



West Caln Township

PO Box 175
Wagontown, PA 19376
610.384.5643
Fax 610.384.9035

APPLICATION FOR CONDITIONAL USE HEARING

Fees per Resolution 2017-04: Escrow \$1500.00 and Administrative \$250.00

Fees must be submitted with completed application

Date: _____

Name(s) of Applicant: _____

Address: _____

Phone: _____

Property Owner: _____ Phone: _____

Address: _____

Property Location: _____

Tax Parcel # _____ Zoning District: _____

Section(s) of Zoning Ordinance Involved in Action: _____

Brief Description of Action Being Requested: _____

Will the applicant be represented by legal counsel? If Yes:

Name: _____ Phone: _____

On a separate sheet, list all property owners

(1) On the same street, within 500 feet of the property to be considered; AND

(2) NOT on the same street, but within 200 feet of the property to be considered.

I certify that all the information contained in this application is true and correct to the best my/our knowledge.

Applicant

Date

Applicant

Date

OFFICE USE ONLY

App Rec'd By: _____ Date: _____ Fee Paid: \$ _____ Check # _____