



**West Caln Township**

PO Box 175  
Wagontown, PA 19376  
610.384.5643  
Fax 610.384.9035

**APPLICATION FOR CONDITIONAL USE HEARING**

*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 # \_\_\_\_\_