



**LOWER POTTS GROVE TOWNSHIP**  
*Conditional Use Application*

**FOR TOWNSHIP USE ONLY**  
Date Received: \_\_\_\_\_  
Application No: \_\_\_\_\_  
App. Fee Paid: \_\_\_\_\_  
Date Accepted: \_\_\_\_\_  
Accepted By: \_\_\_\_\_

**SUBMISSION REQUIREMENTS**

- 20 complete sets of the application form
- 20 copies of narrative
- 20 copies of tax map
- 20 copies of deed
- 20 copies of agreement of sale or lease agreement
- 20 copies of a list of all adjoining properties and those directly across the street, including address, parcel number, and owner(s) of record
- 20 copies of any and all exhibits, including, but not limited to pictures, diagrams, changes, etc.
- 20 copies of a detailed plan of the proposed structure(s) elevations
- 20 complete sets of the site plan meeting the requirements of a minor land development (each plan individually folded)
- Payment of fee to Lower Pottsgrove Township, by check or money order (See Schedule of Fees for amount)  
For each continued hearing, a fee of like amount will be required.
- 1 complete copy of the Municipal Request for Review
- Payment of fee to the Montgomery County Treasurer, by check or money order (See MontCo Act 247 Fee Schedule)

Check off items accompanying this application. If an item is not applicable, put N/A. All copies shall be collated into separate packets. If an application is not deemed complete by the Township (including folded plans), it will not be accepted.

**Application deadline is no less than 3 weeks** prior to the regular meeting of the Planning Commission (usually the third Monday of the month at 6:30 p.m.). *Applicants shall submit all copies through the Township Administrative offices.*

**APPLICANT INFORMATION**

Applicant Name/Company/Title/Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Alt. Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Will the Applicant be the point of contact for Township correspondence about this plan?  Yes  No

If no, provide name and contact information for the point of contact and/or additional contact(s).

Contact Name/Company/Title/Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Alt. Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Applicant's interest in the property in question, or relationship to property owner:

- Legal Owner (owner on deed)
- Equitable Owner (*property under agreement of sale*)
- Lessee
- Authorized Agent:  Attorney  Engineer  Architect  Other: \_\_\_\_\_

**PROPERTY INFORMATION**

Name and mailing address of property owner (*if different from the Applicant's*):

Owner Name/Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Alt. Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_



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Address/location of property involved in the application: \_\_\_\_\_

Name of project (if any): \_\_\_\_\_

Tax Parcel Number(s): \_\_\_\_\_ Zoning District(s): \_\_\_\_\_

Total acreage of lot(s): \_\_\_\_\_ Section(s) of Code from which relief is sought: \_\_\_\_\_

**NARRATIVE**

On separate paper, describe the following:

1. A description of the subject property, including size, location, natural features, and any improvements, deed, legal and/or physical restrictions.
2. The present use of the property.
3. The proposed use of the property and any proposed improvements or additions to the property.
4. The suitability of the property for the proposed use.
5. Specific reference to the section of the Zoning Ordinance from which relief is sought.
6. How the proposed changes will impact that from which relief is sought.
7. Explain, in detailed, the basis upon which the applicant believes he/she/it should be granted conditional use approval, with specific reference to applicable sections of the Zoning Ordinance.
8. List any other relief from the Zoning or Subdivision and Land Development Ordinance which may be required for this project and if any action has been taken on those requests for relief.

**CERTIFICATION**

I certify that the statements made in this Application and all attachments are true, correct, and complete to the best of my knowledge and belief. I understand that if I knowingly make false statements herein, I am subject to such penalties as may be prescribed by law or ordinance. I understand that a notice of the scheduled hearing date will be posted for public view on the affected land.

\_\_\_\_\_  
Applicant Name (printed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Title

Owner Signature if Not the Applicant:

\_\_\_\_\_  
Owner Name (printed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Title