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CONDITIONAL USE APPLICATION

PROJECT NAME TO BE COMPLETED BY TOWNSHIP: _____	
NAME OF APPLICANT: _____	
DATE OF APPLICATION: _____	APPLICATION # _____
LOCATION OF PROPERTY: _____	
TAX PARCEL ID NUMBER: _____	ZONING DISTRICT: _____

APPLICATION REQUIRED FOR:	
_____	LAND USE WITH LAND DEVELOPMENT
_____	LAND USE APPROVAL ONLY

APPLICANT'S NAME: _____
MAILING ADDRESS: _____
PHONE NUMBER: _____ FAX NUMBER: _____
E-MAIL ADDRESS: _____

OWNER OF RECORD: _____
MAILING ADDRESS: _____
PHONE NUMBER: _____ FAX NUMBER: _____
E-MAIL ADDRESS: _____

PROJECT ATTORNEY: _____
MAILING ADDRESS: _____
PHONE NUMBER: _____ FAX NUMBER: _____
E-MAIL ADDRESS: _____

PROJECT ENGINEER _____
MAILING ADDRESS: _____
PHONE NUMBER: _____ FAX NUMBER: _____
E-MAIL ADDRESS: _____



BASIS FOR CONDITIONAL USE APPLICATION	
SECTION(S) OF ZONING ORDINANCE INVOLVED	PROVIDE A BRIEF DESCRIPTION OF ACTION REQUESTED

THE APPLICANT SHALL SUBMIT THE FOLLOWING DOCUMENTATION WITH THIS APPLICATION:

- (1) ONE (1) ORIGINAL APPLICATION.**
- (2) TEN (8) COPIES OF A PLOT PLAN OR TAX MAP, ACCURATELY DRAWN TO SCALE.**
- (3) TEN (8) COPIES OF A SKETCH PLAN ILLUSTRATING THE ACTION REQUESTED.**
- (4) A FLASH DRIVE OF ALL FILES SUBMITTED WITH APPLICATION. PDF FILE OF PLAN REQUIRED.**
- (5) PHOTOGRAPHS OF THE PROPERTY.**
- (6) PROOF OF OWNERSHIP OR THE RIGHT TO UTILIZE THE PROPERTY FOR THE ACTION REQUESTED.**
- (7) THE REQUIRED APPLICATION FEE AS PRESCRIBED BY CALN TOWNSHIP.**
- (8) TOWNSHIP WILL PROVIDE LIST OF NAMES AND ADDRESSES OF ALL PROPERTY OWNERS.**
- (9) A DETAILED WRITTEN DESCRIPTION OF THE ACTION REQUESTED BY THIS APPLICATION.**



I _____ (AUTHORIZED REPRESENTATIVE OF THE APPLICANT) HEREBY REQUEST REVIEW OF THIS APPLICATION BY CALN TOWNSHIP. TO THE BEST OF MY KNOWLEDGE, ALL OF THE INFORMATION CONTAINED WITHIN THIS APPLICATION IS TRUE, CORRECT AND COMPLETE.

(1) I HEREBY PERMIT ANY ELECTED, APPOINTED AND/OR ASSIGNED STAFF MEMBER OF CALN TOWNSHIP TO ENTER THE EXTERIOR PREMISES OF THE PROPERTY, IN WHICH THIS APPLICATION PERTAINS, FOR THE PURPOSES OF CONDUCTING SITE INSPECTIONS WHILE THE PROPOSED APPLICATION IS BEING CONSIDERED BY CALN TOWNSHIP.

(2) I HEREBY AGREE TO PAY ALL CONSULTANT, ADMINISTRATIVE AND/OR APPLICATION FEES REQUIRED FOR THE REVIEW OF THIS APPLICATION.

(3) I HEREBY UNDERSTAND THAT THE CALN TOWNSHIP BOARD OF COMMISSIONERS ARE NOT OBLIGATED TO APPROVE THIS CONDITIONAL USE APPLICATION.

SIGNATURE OF APPLICANT OR AUTHORIZED REPRESENTATIVE _____ DATE OF APPLICATION _____

SIGNATURE OF WITNESS _____ DATE _____

FOR MUNICIPAL USE ONLY	AUTHORIZED STAFF MEMBER: _____
APPLICATION NAME: _____	APPLICATION # _____
SUBMISSION DATE: _____	SUBMISSION NUMBER: _____
CALN TWP. FEE: _____	CHECK NUMBER: _____ DATE: _____
DATE APPLICATION WILL BE REVIEWED BY TOWNSHIP PLANNING COMMISSION: _____	
DATE APPLICATION WILL BE CONSIDERED BY THE TOWNSHIP BOARD OF COMMISSIONERS: _____	
APPLICATION COMPLETENESS REVIEW: _____	DATE: _____