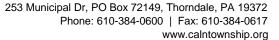




## CONDITIONAL USE APPLICATION

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	
MAILING ADDRESS: PHONE NUMBER:	FAX NUMBER:
E MAIL ADDDECC.	
PROJECT ATTORNEY:  MAILING ADDRESS:  PHONE NUMBER:  E-MAIL ADDRESS:	
PROJECT ENGINEER  MAILING ADDRESS:  PHONE 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.

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253 Municipal Dr, PO Box 72149, Thorndale, PA 19372 Phone: 610-384-0600 | Fax: 610-384-0617 www.calntownship.org

[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.				
	RE OF APPLICANT OR AUTHORIZED ENTATIVE	DATE OF APPLICATION		
SIGNATU	SIGNATURE OF WITNESS DATE			
FOR MUN	IICIPAL USE ONLY	AUTHORIZED STAFF MEMBER:		
APPLICAT	ΓΙΟΝ NAME:	APPLIC/	ATION#	
SUBMISS	ION DATE:	SUBMISSION NUMBER:		
CALN TW	P. FEE:	CHECK NUMBER:	DATE:	
DATE APPLICATION WILL BE REVIEWED BY TOWNSHIP PLANNING COMMISSION:				
DATE APPLICATION WILL BE CONSIDERED BY THE TOWNSHIP BOARD OF COMMISSIONERS:				
APPLICAT	TION COMPLETENESS REVIEW:		DATE:	