

**APPLICATION FOR CONDITIONAL USE HEARING
NEW BRITAIN TOWNSHIP
207 PARK AVENUE
CHALFONT, PA 18914
215-822-1391**

It is the applicant's responsibility to complete all pertinent sections of this form. Please contact the Zoning Officer prior to submittal if you need any assistance.

1. Date: _____

2. Applicant:
 - (a) Name: _____

 - (b) Mailing address: _____

 - (c) Telephone number: _____

 - (d) State whether owner of legal title, owner of equitable title, or tenant with the permission of owner of legal title: _____

3. Applicant's attorney, if any:
 - (a) Name: _____

 - (b) Mailing Address: _____

 - (c) Telephone number: _____

 - (d) Fax Number: _____

4. Property:

(a) Present Zoning Use Classification: _____

(b) Tax Parcel Number: _____

(c) Location (With reference to nearby intersections or prominent features):

5. Proposed use:

6. Has any previous zoning applications been filed concerning this property?

If yes, specify: _____

I (We) hereby certify that the above information is true and correct to the best of my (our) knowledge, information or belief.

Notes:

- (1) One copy of plans (if size 8 1/2" x 11") or seven copies (if larger than size 8 1/2" x 11") must be attached to the application. The plan or plans must be prepared by a professional engineer or surveyor. The plan or plans must contain all information relevant to the application, including but not limited to, the following: the property related to a street, the dimensions and area of the lot, the dimensions and location of existing buildings or improvements, the dimensions and locations of proposed uses, buildings or improvements.

- (2) Filing fee, which must accompany this application, and which is not returnable once the application is accepted.

Conditional Use Application Fee: \$2,500.00, plus Professional Services Agreement and escrow.

COMPLETED ONLY BY TOWNSHIP:		
APPLICATION NO. _____	DATE FILED _____	FEE PAID _____

Revised 01/09/08