

## **NEW BRITAIN TOWNSHIP**

207 Park Avenue • Chalfont, PA 18914 • Telephone: (215) 822-1391

## **CONDITIONAL USE HEARING APPLICATION**

| leas  | e Note:                                |   | TOWNSHIP USE ONLY                                |  |
|-------|--|---|--|--|
| :- 4L | o onnlie                               | antia recononcibility to complete all nortinent coefficies of this form. Discoe   | Application #:                                   |  |
|       |  | ant's responsibility to complete all pertinent sections of this form. Please oning Officer prior to submittal if you need any assistance. | Date Filed:                                      |  |
| Unia  | Ct tile Zu                             | oning Onicer prior to submittar if you need any assistance.   | Payment:   |  |
| 1.    | Date:                                  |   | Check #:   |  |
| 2.    | Applica                                | unt:  | Receipt #:                                       |  |
|       | (a)                                    | Name:   | Escrow Amt:                                      |  |
|       | (b)                                    |   | PSA #:   |  |
|       | (b)                                    | Mailing address:  |  |  |
|       | (c)                                    | Telephone number:   |  |  |
|       | (d)                                    | State whether owner of legal title, owner of equitable title, or tenant with the permissi   | on 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.    | Propos                                 |   |  |  |
| J.    | Пороз                                  |   |  |  |
| c     | lles en                                |   |  |  |
| 6.    | nas an                                 | y previous zoning applications been filed concerning this property? If yes, specify:  |  |  |
|       |  |   |  |  |
| (We)  | hereby ce                              | ertify that the above information is true and correct to the best of my (our) knowledge, inf  | ormation or belief.                              |  |
|       |  | <br>Signatu   | re   |  |
| Notes | :                                      | J.g. a.a.   |  |  |
| (1)   | One co                                 | opy of plans (if size 8 1/2" x 11") or seven copies (if larger than size 8 1/2" x 11") must b   | e 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.

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

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

(2)