



LOWER PROVIDENCE TOWNSHIP

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LOWER PROVIDENCE TOWNSHIP CONDITIONAL USE APPEAL APPLICATION

Applicant's(s) Name

Street Address

City, State & Zip Code

Phone Number

Appeal Number

Advertised Dates

Application Fee/Ck#

Date Received
(For Official Use Only)

The following is a list of questions designed to assist you and the Board of Supervisors in the efficient and timely review of your Conditional Use Appeal. Please thoroughly answer all questions that are applicable to your appeal. If you believe the question does not pertain to your appeal, please indicate as such on this form by answering "Not Applicable". **All questions must be answered to consider this appeal form complete.**

A complete site plan and construction documents must be attached to this application. Please refer to **the Lower Providence Township Conditional Use Appeal Procedures and Policy for this requirement.** Please return this form to the Planning & Development Department when you file your application. **Please type or print clearly.**

Please complete the following questions:

1. What is the applicant's interest in the premises affected? (i.e. owner, equitable owner, tenant.)

2. If applicant is represented by an attorney or counsel please provide their full name, address, phone and fax number.

3. If the property owner is not the applicant, list the full name, address and phone number of the property owner. If the applicant is not the property owner, the applicant must provide a signed and notarized letter from the property owner stating his/her permission to allow the applicant to represent the property owner at the Board of Supervisors with this Conditional Use appeal.

4. Please provide the requested information about the property involved in this Conditional Use Hearing appeal as described below:

Location:

(Street Address)

Tax Map ID#: _____ Lot Size: _____

Zoning District: _____

Present Use:

Date of when Present Use began: _____

Date of acquisition of this property by the owner: _____

Please list each structure and it's use currently located on this property:

5. What type of sewage and water facilities are available on the property and what type of sewage and water facilities are currently in use on the property?

6. Are there any outstanding state or federal violations cited on this property at the time of this application?

_____ If yes, please explain these violations:

7. Has any previous zoning appeal been filed in connection with this property?

_____ If yes, please explain:

(List applicant's name, date & nature of appeal)

8. List all sections of the Lower Providence Township Subdivision and Development of Land Ordinance in which you are seeking relief from (waivers): (Please note that if this section is not complete, the appeal will not be heard)

9. State in narrative form the nature of your appeal including the primary relevant facts intended to be presented to the Board of Supervisors. Please include a description of all explosive or toxic materials to be stored on this site. Please reference to your attachment if additional space is needed.

10. What is the exact use proposed for the property? List hours of operation, number and type of employees, business equipment to be used or stored at the site, nature of normal business operations. (Please reference to your attachment if additional space is needed.)

11. Are any additional state, federal or other permits required to operate the proposed use or construct the structure? _____ If yes, please provide the list of permits (and their status) required to operate the proposed use or structure.

12. Describe the landscaping proposed for this property is planned, if any. Please indicate the type of landscape buffering proposed, if any.

13. What is the character of the buildings and uses on abutting properties and what is the general character of the surrounding neighborhood? (Please reference to your attachment if additional space is needed.)

14. What will the impact of this use be on existing traffic patterns and volumes for this Conditional Use Appeal? Also, please specify the amount of parking spaces and unloading areas as specified in the Lower Providence Township Zoning Ordinance. (Please reference to your attachment if additional space is needed.)

15. What will the impact of this use be on the existing stormwater infrastructure? Has a copy of the stormwater grading plan been reviewed by the Montgomery County Conservation District, if applicable?

16. What type of new and or existing improvements are being proposed for this use?

17. What degree will the proposed use emit smoke, dust, odor or other air pollutants, noise, vibration, light, electrical disturbances, water pollutants, or chemical pollutants? Such evidence may include the proposed use of proven special structural or technological innovations. Please provide specific and detailed information on all of the aforementioned topics. Please reference to your attachment if additional space is needed.

18. Will any waivers granted by the Board of Supervisors, alter the essential character of the neighborhood or district in which the property is located, or substantially or permanently impair the appropriate use of development of adjacent property, or be detrimental to the public welfare? Please give reasons for your answers to the aforementioned questions by explaining below: (Please reference to your attachment if additional space is needed.)

19. (I) (WE) believe that the Board of Supervisors should approve this request because: (include the grounds for the Conditional Use appeal or reasons both with respect to case law and fact for granting this use requested. Please reference to your attachment if additional space is needed.)

20. Comments, Other Relevant Information or Additional Space for Answering Questions. Please indicate if additional attachments are with this appeal application:

I hereby certify that all of the above statements contained in this Conditional Use appeal application and any papers or plans submitted with this Conditional Use appeal to the Lower Providence Township Board of Supervisors herewith are true and correct to the best of my knowledge and belief.

Date _____

(Print Name of applicant(s))

Date _____

(Signature of applicant(s))

**COMMONWEALTH OF PENNSYLVANIA
COUNTY OF MONTGOMERY**

As subscribed and sworn to before me this _____ day of _____, 200__

IN WITNESS WHEREOF, the parties hereto have hereunto set their hands and seals the day and year aforesaid.

(SEAL)

NOTARY PUBLIC