

Date: _____
Application No.: _____

TINICUM TOWNSHIP

CONDITIONAL USE HEARING APPLICATION

******10 COPIES MUST BE SUBMITTED WITH APPLICATION, COMPLETE WITH ALL INFORMATION AND DETAILS. ******

Applicant: _____
(If more than one applicant, list additional name(s) on the back of this form.)

Address: _____

Location of Property: _____

Deed Book: _____ Page No.: _____

Owners: _____ Address: _____

Agent: _____ Address: _____

State interest of each petitioner in property whether owner or purchaser under agreement of sales, etc.

State present zoning of property: _____

Application is made for a Conditional Use Hearing before the Board of Commissioners as required under the following section of the Tinicum Township Zoning Ordinance:

State facts and/or basis of support of application as to why applicant(s) is/are entitled to such:

PROVIDE ANY CORRESPONDENCE, EXHIBITS, MAPS, PLANS, ETC. YOU PLAN TO PRESENT AT THE REQUESTED HEARING

NOTE: THIS APPLICATION MUST BE SWORN TO. THE AFFIDAVIT LISTED BELOW MUST BE EXECUTED BEFORE A NOTARY PUBLIC.

The undersigned request(s) the Tinicum Township Board of Commissioners hold a Conditional Use Hearing on this matter and submit(s) the required Application Fee of \$1000.00 for a Commercial Application

****** If fees should exceed the amount paid there will be additional fees to pay.**

All owners and petitioners to sign

: _____
:
:
: _____

Telephone No.:

: _____

COUNTY OF DELAWARE

: SS

COMMONWEALTH OF PENNSYLVANIA :

The undersigned, being duly sworn according to law, depose and say that they are the Petitioners named in the foregoing application and that the facts set forth in said application are true and correct to the best of his knowledge, information and belief.

Sworn to and subscribed
before me this day

of A.D. 20

NOTARY PUBLIC