

**WEST BRADFORD TOWNSHIP  
BOARD OF SUPERVISORS  
CONDITIONAL USE HEARING APPLICATION**

**Date:** \_\_\_\_\_

**Applicant:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

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**Respectfully Represents:**

1) That \_\_\_\_\_ is the equitable owner of the following described tract(s) of land. (In the case of multiple ownership of the tract(s), a written agreement between the parties involved that the development will be in accordance with a single plan with common authority and common responsibility must be attached.

a) Tax Map Lot No. (s) \_\_\_\_\_ Total Area \_\_\_\_\_

b) Location \_\_\_\_\_

c) Present Use \_\_\_\_\_

2) That said property is located in \_\_\_\_\_ zoning district(s) under the provisions of the Township of West Bradford Zoning Ordinance, as amended to date.

3) That the developer of the proposed use will be: \_\_\_\_\_

\_\_\_\_\_  
*(Name & Address)*

4) That the specific Ordinance section(s) upon which the application for Conditional Use is based is: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

- 5) That the following items must be included with and be part of this application:
- a) \$750.00 fee (as determined by the Board of Supervisors by Resolution.)
  - b) Triplicate copies of an accurate plan of the lot or property, drawn to scale, showing the dimensions of the lot, location of corner stakes or monuments, the setback or restriction lines, the area of the lot in square feet, any water courses or right-of-way which may extend through the property, adjoining property owners, and any existing improvements and/or proposed improvements. The plan shall be dated and signed by a registered engineer or land surveyor or as directed by the Board of Supervisors.
  - c) Triplicate copies of the deed for the property in question.
  - d) A statement of the grounds for the request or of the reasons both in law and in fact for the granting of the Conditional Use, including a description of the use of neighboring properties, where pertinent.

**Signature(1)**\_\_\_\_\_ *(applicant)*

**Signature(2)**\_\_\_\_\_ *(applicant)*

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**OFFICIAL USE ONLY - DO NOT WRITE BELOW THIS LINE**

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**Date Application Received**\_\_\_\_\_

**Fee Received**\_\_\_\_\_

**Hearing Date**\_\_\_\_\_

**Hearing Date Advertised**\_\_\_\_\_

**Notice Sent**\_\_\_\_\_

**Date Copied to Township Solicitor**\_\_\_\_\_

**Date Decision Rendered**\_\_\_\_\_