PENNSBURY TOWNSHIP

702 Baltimore Pike, Chadds Ford, PA 19317

Phone: 610-388-7323 Fax: 610-388-6036

Email: Codes@pennsbury.pa.us

Office Use Only				
Appeal #:				
Date Received:				
Fee: Paid:				
Hearing Date:				
Amended Date:				

CONDITIONAL USE HEARING APPLICATION

(Residential and Commercial)

Provide **one** digital copy in addition to **five** copies of the application and all attachments. Attachments should include: plans drawn to scale and provide location, lot size, improvement/alteration size; a copy of the Applicant's deed, lease, or agreement of sale; and any other documents required by The Township Supervisors. The Township Supervisors will schedule a hearing within 60 days of the Application submittal date. If the Application is withdrawn and amended the hearing will be scheduled based on the amended Application date.

Property Owner:		
Phone/Fax:		
		_
Address:		
Phone/Fax:		
		_
Address:		
Phone/Fax:		
		_
Phone/Fax:		
Architect/Engineer:		
Phone/Fax:	Email:	

Property Information:						
Address: Tax Parcel or UPI #:						
Approx. Cost of Project:						
Has Property ever had a prio	or application fi	iled with The Tov	wnship?	Yes	No	
Present Use:						
Proposed Use:						
Reason For Application:						
Article	_ Section		Subsection			
On the basis of:						
Describe in detail the groun	nds for the ap	plication. (Attac	h additional sheet	s if necessary.)	

to comply with all provisions of the Pennsbury Township Zoning Ordinance, Subdivision Ordinance, and all other pertinent ordinances and regulations of Pennsbury Township.					
Property Owner or Applicant's Signature:	Date:				
I hereby withdraw the Conditional Use Hearing Application					
Property Owner or Applicant's Signature:	Date:				
Township Signature:	Date:				

I hereby certify that I have read this application and state that the above and all attachments are correct. I agree

ADDITIONAL SHEET IF NECESSARY

 $Conditional Use Hearing Application _20250808_Final 1$