



UPPER GWYNEDD TOWNSHIP

Application for Conditional Use Approval

The undersigned here by applies for approval of a conditional use pursuant to Section _____ of the Upper Gwynedd Township Code of Ordinances.

1. Date of Application: _____

2. Description of Property: _____

Location: _____

County Deed Book No.: _____ Page No.: _____

Zoning District: _____

County Tax Map Block No.: _____ Unit No.: _____ Lot No.: _____

Total Acreage: _____

3. Name of Property Owner(s): _____

(If a corporation, list corporation's name, address and two officers)

Address: _____

Telephone Number: _____ Fax Number: _____

4. Name of Applicant (if other than owner): _____

Address: _____

Telephone Number: _____ Fax Number: _____

5. Applicants Interest (if other than owner): _____

6. Engineer, Surveyor or Planner responsible for the preparation of Plan accompanying application:

Address: _____

Telephone Number: _____ Fax Number: _____

7. Description of Proposed Uses: (if additional space is needed please do so by attaching another sheet)

8. Thirteen copies of the conditional use plan is submitted with this application.

(Applicant)

Fees:	Residential	\$660	and an Escrow of \$660
	Non Residential	\$1,100	and an Escrow of \$1,100