

CHADDS FORD TOWNSHIP

CONDITIONAL USE APPLICATION

See Application Checklist on Page 3

We the undersigned, hereby make application for a Conditional Use under the terms of the Chadds Ford Township Zoning Ordinance, as amended, and provide the following information related to our application:

Applicant:

Name _____
Firm _____
Address _____

Tel: _____ Fax: _____
email: _____

Owner (if different from Applicant):

Name _____
Firm _____
Address _____

Tel: _____ Fax: _____
email: _____

Basis of Applicant's Standing (e.g. record owner, equitable owner or lessee): _____

Attach copy of Deed, Agreement of Sale or Lease (prices/costs may be redacted)

Attorney for Applicant:

Name: _____
Firm: _____
Address _____

Tel: _____ Fax: _____
email: _____

Engineer:

Name: _____
Firm: _____
Address: _____

Tel: _____ Fax: _____
Email: _____

Architect:

Name: _____
Firm: _____
Address: _____

Tel: _____ Fax: _____
Email: _____

PROPERTY:

Exact location of Property: _____

Zoning Classification/District: _____

Present Use of Property: _____

Detailed Description of Proposed Use: _____

Zoning Ordinance Section/Subsection(s) Permitting Conditional Use in this Zoning District: _____

Statement of Facts and/or Basis in Support of Conditional Use Application _____

Size of Subject Property:

Square Feet _____ Dimensions _____

Dimensions of Proposed Construction:

Square Footage by Floor:

Height _____

Width _____

Depth _____

Percentage of Building Coverage

Before Construction _____ *After Construction* _____

Percentage of Impervious Coverage

Before Construction _____ *After Construction* _____

Front/Rear/Side Yards

Before Construction _____ *After Construction* _____

Front _____

Rear _____

Side _____

COMMONWEALTH OF PENNSYLVANIA)

SS:

COUNTY OF DELAWARE)

AFFIDAVIT

_____, being duly sworn according to law, deposes and says that he/she is the Applicant herein (or that he/she is one of the Applicants herein and is authorized to make this Affidavit on behalf of all the Applicants), (or that he/she is an officer, employee or agent of such Corporate Applicant herein and as such officer; employee or agent of such Corporate Applicant, he/she is authorized to make this Affidavit on its behalf), and that the facts set forth herein are true and correct to the best of his/her knowledge, information and belief.

Applicant or Appellant (SEAL)

Sworn and subscribed before me this _____ day of _____, 20____

Notary Public