

**EDGMONT TOWNSHIP  
REQUEST FOR CONDITIONAL USE**

1000 Gradyville Road, Newtown Square, PA 19073  
610-459-1662 phone      610-459-3760 fax

Date of Submission to Township: \_\_\_\_\_

1. Location of property involved: \_\_\_\_\_

2. Name, address, phone number, and e-mail address of Applicant:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. State interest of each petitioner in property (whether owner or purchaser under agreement of sale, etc):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Date of deed: \_\_\_\_\_

5. Deed book and page number: \_\_\_\_\_

6. Present zoning of property: \_\_\_\_\_

7. Explain request in detail, including Township Code Sections from which conditional use is requested along with an attached narrative describing more specific Code Section(s) which conditional use is requested in accordance with the Edgmont Township Zoning Code:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. State facts and reasons as to why the Applicant(s) is/are entitled to conditional use:

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9. The undersigned request(s) the Board of Supervisors to hold a public hearing on the Application for Conditional Use. (all owners and petitioners to sign below)

10. The undersigned shall mail Certified, Return Receipt Requested, Notice of the Public Hearing on this Conditional Use Application to all adjoining/abutting property owners at least 10 days in advance of the hearing and produce signed receipts (green cards) thereof at the hearing as an exhibit.

11. The undersigned has reviewed and understands the pertinent sections of the Zoning and Subdivision/Land Development Codes, and the requirements contained therein, and agrees to comply.

12. The undersigned will adhere and address all of the items on the attached checklist for conditional use applications.

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 their knowledge, information and belief.

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(Signature)

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(Signature)

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(Signature)

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(Signature)

Notary Public: \_\_\_\_\_

<b>FOR TOWNSHIP OFFICE USE ONLY:</b>	
DATE SUBMITTED:	_____
DATE ACCEPTED AS COMPLETE:	_____