

**WRIGHTSTOWN TOWNSHIP, Bucks County, Pennsylvania**

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2203 Second Street Pike,  
Wrightstown, PA 18940-9662  
215-598-3313  
215-598-0529 FAX



**APPLICATION FOR CONDITIONAL USE PERMIT**

**Failure to submit the following items with this application constitutes an incomplete application that will be rejected.**

- \_\_\_\_\_ Copies of this application including all drawings and documentation
- Application MUST BE Notarized
- Applicable Application Fee of \$ \_\_\_\_\_
- Separate Escrow Fee of \$ \_\_\_\_\_
- Copy of the Present Deed
- A complete list of names and mailing addresses of all properties within 500 feet of the subject parcel

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

Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

If Applicant is not the property owner, state Applicant's Authority to Title or Interest to bring this Application (Equitable Owner, Agent, Lessee, etc.) \_\_\_\_\_

**Agent:** \_\_\_\_\_

Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**Property Owner:** \_\_\_\_\_

Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**Property Tax Map Parcel Number:** \_\_\_\_\_

**Property Tax Map Parcel Number:** \_\_\_\_\_

Property Physical Address: \_\_\_\_\_

Present Zoning District and Classification: \_\_\_\_\_

Present Use: \_\_\_\_\_

Lot Dimensions: \_\_\_\_\_

**PROPOSED USE OF PREMISES:**

Present Use: \_\_\_\_\_

Description of Proposed Use (be specific, with references to uses permitted as a Conditional Use in the Joint Municipal Zoning Ordinance of 1983):

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

Area of Floor Space to be devoted to this Use: \_\_\_\_\_

Anticipated Employees: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

Number of Parking Spaces: Existing \_\_\_\_\_ Proposed \_\_\_\_\_

Do you anticipate this Use to have any effects on traffic or highway safety on neighboring streets or roads? If so, please state:

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

Why is this Use suitable for the Property in question and in the best interests of the Community?

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

To the best of your knowledge, is your proposal in accordance with all applicable Zoning Ordinance regulations and other Municipal Ordinances? \_\_\_\_\_

If No, please describe deviations: \_\_\_\_\_

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

**RESIDENTIAL CONVERSIONS ONLY:**

Type of Dwelling Units Proposed: \_\_\_\_\_

\_\_\_\_\_

Occupancy Capacity for Each Unit: \_\_\_\_\_

Total Building Floor Area per Occupant: \_\_\_\_\_

Room Size of Each Dwelling Unit: \_\_\_\_\_

Open Yard Space per Occupant: \_\_\_\_\_

Water & Sewage Facilities Available: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Copies of Sketch Plan showing dimensions of lot and dimensions and locations of all Structures

Four (4) Photographs of house/building, one photo per side

\_\_\_\_\_ Copies of Sketch of Floor Plan of dwelling units

**INDUSTRIAL & COMMERCIAL USES ONLY:**

Will the Proposed Use result in the dissemination of noxious, toxic or corrosive fumes smoke, odor, dust etc?  Yes  No

Unusually loud noise or vibration?  Yes  No

Unusually high potential for fire or explosion?  Yes  No

Objectionable heat, glare or radiation beyond the property line?  Yes  No

Major electrical interference beyond property line?  Yes  No

The discharge of untreated sewage or industrial waste into any stream, or the Pollution of surface or underground water?  Yes  No

The creation on any other objectionable condition that will endanger public health and safety?  Yes  No

The undersigned agrees that all information provided on this form is true and correct to the best of the applicant's knowledge. Permission is granted to members of the Wrightstown Planning Commission, the Board of Supervisors of Wrightstown Township, and Support staff, professional and/or legal staff should they wish to enter the Applicant's property for reasonable inspections.

**Applicant consents and agrees to pay all expenses incurred by the Township pertaining to this application. These shall include, but are not limited to, legal, engineering and consultant fees, regardless of whether or not it is legally required.**

**SIGNATURE OF APPLICANT/AGENT**

**DATE**

\_\_\_\_\_

\_\_\_\_\_

**SIGNATURE OF OWNER**

**DATE**

\_\_\_\_\_

\_\_\_\_\_

COMMONWEALTH OF PENNSYLVANIA  
COUNTY OF \_\_\_\_\_

THE UNDERSIGNED, BEING DULY SWORN ACCORDING TO LAW, DEPOSES AND SAYS THAT HE/SHE IS THE ABOVE NAMED APPLICANT; THAT HE/SHE IS AUTHORIZED TO AND DOES TAKE THIS AFFIDAVIT ON BEHALF OF THE OWNER, AND THAT THE FACTS HEREIN CONTAINED ARE TRUE AND CORRECT.

SIGNATURE OF APPLICANT

\_\_\_\_\_

SWORN TO AND SUBSCRIBED  
BEFORE ME THIS \_\_\_\_\_  
DAY OF \_\_\_\_\_, 2002.

\_\_\_\_\_  
NOTARY PUBLIC