

WRIGHTSTOWN TOWNSHIP, Bucks County, Pennsylvania

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.

- 21 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.

All unused escrow fees shall be returned upon written request, but said request must be made within thirty (30) days of the decision of Conditional Use. Failure to do so will result in the funds being forfeited and transferred to the General Fund to offset administrative expenses.

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 _____, 20__.

NOTARY PUBLIC