



West Pikeland Township

1645 Art School Road | Chester Springs PA 19425
westpikeland.com | 610-590-5300 | office@westpikeland.com

APPLICATION FOR CONDITIONAL USE

IDENTIFICATION

Property owner or Lessee:

Name: _____
Mailing Address: _____ (No. Street)
_____ (City, State, Zip)
Phone Number (home/office) _____ (cell) _____
Email: _____

Applicant:

Name: _____
Mailing Address: _____ (No. Street)
_____ (City, State, Zip)
Phone Number (home/office) _____ (cell) _____
Email: _____

If the Applicant is other than the Property Owner, Applicant is (select one of the following):

- An equitable owner under an agreement of sale
 Lessee of the Property
 Other relationship _____

Please provide a copy of the agreement of sale or lease agreement

REASONS FOR APPLICATION - Applicant desires to use the Property in the following manner as permitted as a Conditional Use under Section _____ of the West Pikeland Township Zoning Ordinance:



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This Application must be accompanied by:

- Site Plan prepared pursuant to Section 1612B2 of Zoning Ordinance 2005-201
- If for Residential Design Options RD-2, RC-2 or RC-3, the information needed to determine compliance with Sections 905 and 906 of the Zoning Ordinance 2005-201

Applicant Signature: _____

Property Owner Signature: _____
if different from Applicant

Date: _____

See Section 1612 of the West Pikeland Zoning Ordinance 2005-201 for the Review Procedures and General Review Conditions at westpikeland.com/ordinances

For office use only

Fee Paid: _____ Date Approved: _____

Township Signature: _____