

**WORCESTER TOWNSHIP
APPLICATION FOR CONDITIONAL USE HEARING**

DATE OF APPLICATION _____
(To be filled in by Township)

NOTE: All Conditional Use Applications are considered preliminary until the final subdivision is approved.

APPLICANT'S NAME: _____

CORPORATION NAME: _____

APPLICANT'S ADDRESS: _____

_____ PHONE: _____

OWNER'S NAME (TITLE HOLDER): _____
Attach copy of Deed

OWNER'S ADDRESS: _____

_____ PHONE: _____

EQUITABLE OWNER: _____
Attach copy of Deed and Agreement of Sale

APPLICANT'S ATTORNEY: _____

ATTORNEY'S ADDRESS: _____

_____ PHONE: _____

DESCRIPTION OF PROPERTY AFFECTED:

LOCATION: _____

BLOCK & UNIT #: _____

PRESENT ZONING CLASSIFICATION: _____

PARCEL SIZE: _____

PROPOSED USE: _____

-more-

IF REQUESTED IN CONJUNCTION WITH LPD (LAND PRESERVATION DISTRICT) CONSIDERATION:

ATTACH EVIDENCE OF AVAILABILITY OF PUBLIC WATER & SEWER
A YIELD PLAN MUST BE SUBMITTED FOR LPD,
AS WELL AS A BY-RIGHT PLAN FOR AGR

IF REQUESTED IN CONJUNCTION WITH RPD (RURAL PRESERVATION DISTRICT) CONSIDERATION:

A YIELD PLAN MUST BE SUBMITTED FOR RPD ZONING,
AS WELL AS A BY-RIGHT PLAN FOR AGR

SUBMIT: PURSUANT TO THE CODE OF WORCESTER TOWNSHIP, ZONING SECTION 150-215:

**14 (FOURTEEN [SETS OF]) PLANS, FOLDED, WITH THIS APPLICATION
ADDITIONALLY:**

\$1,000.00 APPLICATION FEE AND

\$1,000.00 CASH ESCROW (CHECKS MADE OUT TO WORCESTER TOWNSHIP)

\$ 150.00 SPECIAL REVIEW FEE (CHECK MADE OUT TO MONTGOMERY COUNTY)

PURSUANT TO THE CODE OF WORCESTER TOWNSHIP, ZONING SECTION 150-224, (4):

PLEASE SUPPLY THE NAMES AND ADDRESSES OF ALL OWNERS OF RESIDENCES
WITHIN FIVE HUNDRED (500) FEET ON THE SAME STREET OF THE LOT OR TRACT
REFERENCED ON THIS APPLICATION, AND WITHIN ONE HUNDRED FIFTY (150) FEET
NOT ON THE SAME STREET.

**THE EXTENSION OF TIME FORM (attached) MUST BE SIGNED AND RETURNED WITH
THIS APPLICATION.** Due to the fact that the Board of Supervisors and Township Planning
Commission each meets once every 30 days at different intervals of the month, we require an executed
Extension of Time form in order to facilitate all reviewers.

SIGNATURE OF APPLICANT

DATE OF SIGNATURE/APPLICATION

(CONDENSED APPLICA FORM)