



**West Caln Township**

PO Box 175  
Wagontown, PA 19376  
610.384.5643  
Fax 610.384.9035

**APPLICATION FOR CONDITIONAL USE HEARING**

*Application Fee of \$1,750.00  
Fee must be submitted with completed application*

Date: \_\_\_\_\_

Name(s) of Applicant: \_\_\_\_\_

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

Email: \_\_\_\_\_

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

Property Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Email: \_\_\_\_\_

Property Location: \_\_\_\_\_

Tax Parcel # \_\_\_\_\_ Zoning District: \_\_\_\_\_

Section(s) of Zoning Ordinance Involved in Action: \_\_\_\_\_

Brief Description of Action Being Requested: \_\_\_\_\_

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

Will the applicant be represented by legal counsel? If Yes:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**On a separate sheet, list all property owners  
(1) On the same street, within 500 feet of the property to be considered; AND  
(2) NOT on the same street, but within 200 feet of the property to be considered.**

\*\*If the applicant is different from the property owner, the property owner is required to sign below to acknowledge and approve of the conditional use being applied for by the applicant tenant:

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name of Landlord

I certify that all the information contained in this application is true and correct to the best my/our knowledge.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

OFFICE USE ONLY App Rec'd By: _____ Date: _____ Fee Paid: \$ _____ Check # _____
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