

**APPLICATION FOR CONDITIONAL USE HEARING TO THE
BOARD OF SUPERVISORS OF UPPER HANOVER TOWNSHIP**

1704 PILLSBURY ROAD, P.O. BOX 27, EAST GREENVILLE, PA 18041
(215) 679-4401 FAX (215) 679-3585

1. Date: _____

2. Applicant:

Name: _____

Mailing Address: _____

Telephone Number: _____

E-Mail: _____

3. Applicant's Attorney (if applicable):

Name: _____

Mailing Address: _____

Telephone Number: _____ E-Mail: _____

4. Applicant's interest in property is: _____

5. Owner of Property:

Name: _____

Mailing Address: _____

6. Property Subject to Appeal:

Location/Street Address: _____

Location/Mailing Address: _____

Deed Book and Page: _____

Block and Unit No.: _____

Tax Parcel No.: _____

Present Zoning Classification: _____

Lot Size: _____

Lot Frontage: _____

Lot Depth: _____

A brief description and exact location of the real estate to be affected by such proposal is as follows: _____

Description of the current use of property: _____

Description of the existing improvements at this property: _____

Description of the proposed use and proposed improvements: _____

7. Applicant claims that the application herein requested may be allowed under Article _____, Section _____, of the Upper Hanover Township Zoning Ordinance.

8. Additional Comments: _____

9. Has any previous appeal or application been filed in connection with this property? YES NO (Circle one)

If YES, identify the dates and the subjects of the previous applications or hearings: _____

THE APPLICANT HEREBY DEPOSES AND SAYS THAT ALL OF THE ABOVE STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF.

Applicant Signature

DATE: _____

Sworn to and subscribed before me this _____ day of _____, 20____.

Notary Public

ADMINISTRATIVE USE ONLY:

Application Fee Paid: \$ _____ Check # _____

Date Paid: _____

WAIVER

I/We hereby waive the provision that the hearing before the Board of Supervisors of Upper Hanover Township be held within 60 (sixty) days of the filing of the application as required by the Pennsylvania Municipalities Planning Code.

Date

WAIVER

I/We hereby waive the provision that the Upper Hanover Township Board of Supervisors shall render a written decision, or when no decision is called for, make written findings on the application within 45 (forty-five) days after the last hearing before the Board, as required by the Pennsylvania Municipalities Planning Code.

Date

INSTRUCTIONS FOR FILING APPLICATIONS
FOR CONDITIONAL USE APPROVAL

1. The application form shall be filled out completely and if a question is not applicable, then the response should be N/A.
2. The applicant shall file an original and fourteen (14) copies of the application. All applications must be received by the Township office four (4) weeks prior to the requested hearing date.
3. The original shall be signed and notarized.
4. The applicant shall submit with each application fourteen (14) copies of a site plan of the entire property in question setting out specifically the dimensions of the lot in question and any other adjacent lots owned by the same owner or same applicant, the dimensions of the existing buildings on the property, the dimensions of any proposed building on the property, the height of any building on the property, the rear, the side and front yard set backs on buildings and proposed buildings and the quantity and location of the off-street parking. The plan should also contain such additional information as the applicant considers useful at the time of the hearing.
5. If the site plan is larger than 11 x 17 it must also be submitted digitally.
6. Township Application Fee payable to: UPPER HANOVER TOWNSHIP

Residential Application Fee - \$550.00
Continued Hearing - \$250.00 each
Non-Residential Application Fee - \$1,000.00
Continued Hearing - \$250.00
Applicant will be billed after the hearing for ½ of the Stenographer appearance fee.
7. The Applicant shall submit the MCPC Applicant Request for County Review form to the Township.
8. Montgomery County Application Fee will be billed by Montgomery County.
9. The applicant is required to attach fourteen (14) copies of the Deed to the property. At all hearings, proof of title to the property affected must be available to the Board whether the applicant's interest be as owner, tenant, purchaser or in any other capacity.
10. The applicant is required to enclose envelopes (#10 size) addressed to owners of all properties within five hundred (500) feet of the property subject to appeal. Applicant will provide sufficient postage for certified mail, return receipt requested, with certified mailings slips completed. (Please use stamps and not metered postage.)

Applicant Request for County Review

This request should be filled out by the applicant and submitted to the municipality where the application is being filed along with digital copies of all plan sets/information. Municipal staff will electronically file the application with the county, and a notice for the prompt payment of any fees will be emailed to the Applicant's Representative.



Date: _____
 Municipality: _____
 Proposal Name: _____
 Applicant Name: _____
 Address: _____
 City/State/Zip: _____
 Phone: _____
 Email: _____

Applicant's Representative: _____
 Address: _____
 City/State/Zip: _____
 Business Phone (required): _____
 Business Email (required): _____

Type of Review Requested:

(Check All Appropriate Boxes)

- Land Development Plan
- Subdivision Plan
- Residential Lot Line Change
- Nonresidential Lot Line Change
- Zoning Ordinance Amendment
- Zoning Map Amendment
- Subdivision Ordinance Amendment
- Curative Amendment
- Comprehensive / Other Plan
- Conditional Use
- Special Review*

** (Not included in any other category - includes parking lot or structures that are not associated with new building square footage)*

Type of Plan:

- Tentative (Sketch)
- Preliminary / Final

Type of Submission:

- New Proposal
- Resubmission*

** A proposal is NOT a resubmission if A) The proposed land use changes, or B) The amount of residential units or square footage proposed changes more than 40%, or C) The previous submission was over 5 years ago.*

Zoning:

Existing District: _____
 Special Exception Granted Yes No
 Variance Granted Yes No For _____

Plan Information:

Tax Parcel Number(s) _____

Location *(address or frontage)* _____
 Nearest Cross Street _____
 Total Tract Area _____
 Total Tract Area Impacted By Development _____

(If the development is a building expansion, or additional building on existing development, or only impacts a portion of the tract, please provide a rough estimate of the land impacted, including associated yards, drives, and facilities.)

Land Use(s)	Number of New		Senior Housing		Open Space Acres*	Nonresidential New Square Feet
	Lots	Units	Yes	No		
Single-Family						
Townhouses/Twins						
Apartments						
Commercial						
Industrial						
Office						
Institutional						
Other						

**Only indicate Open Space if it will be on a separate lot or deed restricted with an easement shown on the plan.*

Additional Information: _____

