

Lower Oxford Township

220 Township Road
Oxford, PA 19363
Fax No. 610-932-2367
Phone: 610-932-8150 x14

APPLICATION FOR A CONDITIONAL USE

Applicant's Name:	
Address:	
Telephone Number:	

Applicant's Connection with Property: <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Other _____
--

Owner's Name:	
Address:	
Telephone Number:	

Tax Parcel Identifying Number	
Street Address of Property:	
Zoning District of Property:	
Present Use of Property:	
Size of Lot:	

Proposed Use for which a Conditional Use is sought:	
Zoning Ordinance Section Authorizing Conditional Use after Approval:	

Notice: The Applicant is responsible for providing notification of the hearing date, time and location to other adjacent lot owners under §1411. Proof of that notice must be provided at the hearing.

Conditional Use Application Fee: \$
Date of Application:

_____ Consent of Owner

_____ Signature of Applicant

<p><u>TOWNSHIP USE ONLY</u></p> <p>Fee Received: \$ _____</p> <p>Date: _____</p> <p>Application Received</p> <p style="padding-left: 40px;">And complete: _____</p> <p>W-9 Form Complete: _____</p>
--