



## WEST POTTS GROVE TOWNSHIP

980 Grosstown Rd Stowe PA 19464

Phone No.: 610-323-7717 Fax No.: 610-323-4124

Email: [info@westpottsgrove.org](mailto:info@westpottsgrove.org)

Website: [westpottsgrove.org](http://westpottsgrove.org)

### FOR TOWNSHIP USE ONLY

Date Received:					
Application No:					
App. Fee Paid:					
Escrow Fee Paid:					
90 Day Start:					
90 Day End:					

## CONDITIONAL USE APPLICATION

**PROJECT NAME:** \_\_\_\_\_

Plan ID: \_\_\_\_\_ Plan Date: \_\_\_\_\_ Rev. Date: \_\_\_\_\_ No. Pages: \_\_\_\_\_

### APPLICANT INFORMATION

**Applicant Name/Title/Company/Address:** \_\_\_\_\_

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

Alt. Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

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

Will the Applicant be the point of contact for Township correspondence about this plan? Yes No  
If no, provide name and contact information for the point of contact and/or additional contact(s).

**Contact Name /Title/Company/Address:** \_\_\_\_\_

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

Alt. Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Applicant's interest in the property in question, or relationship to property owner:

Legal Owner  
(owner on deed)

Equitable Owner  
(property under agreement of sale)

Lessee

Authorized Agent: Attorney Engineer Architect Other: \_\_\_\_\_

## PROPERTY INFORMATION

---

Property Owner Name/Title/Company/Address (*if different from the Applicant's*): \_\_\_\_\_

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

Alt. Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Address/location of property involved in the application: \_\_\_\_\_

Name of project (if any): \_\_\_\_\_

Tax Parcel Number(s): \_\_\_\_\_ Zoning District(s): \_\_\_\_\_

Total acreage of lot(s): \_\_\_\_\_ Acreage to be developed: \_\_\_\_\_

Section(s) of Code from which relief is sought: \_\_\_\_\_

## NARRATIVE

---

On separate paper, describe the following:

1. A description of the subject property, including size, location, natural features, and any improvements, deed, legal, and/or physical restrictions.
2. The present use of the property.
3. The proposed use of the property and any proposed improvements or additions to the property.
4. The suitability of the property for the proposed use.
5. Specific reference to the section of the Zoning Ordinance from which relief is sought.
6. How the proposed changes will impact that from which relief is sought.
7. Explain, in detail, the basis upon which the applicant believes he/she/it should be granted conditional use approval, with specific reference to applicable sections of the Zoning Ordinance.
8. List any other relief from the Zoning or Subdivision and Land Development Ordinance which may be required for this project and if any action has been taken on those requests for relief.

## SUBMISSION REQUIREMENTS

---

All of the items outlined below are required at the time of submittal for an application to be considered “complete” and to avoid unnecessary delays in the review process. Application determined to be incomplete at the time of submission will not be accepted. Applicant will be notified if an application is determined to be incomplete after submission, but prior to the start of the Township’s 90-day review period. The 90-day review period, as set forth in the Pennsylvania Municipalities Planning Code (MPC), begins on the date of the next regularly scheduled meeting of the Planning Commission following the date of submission of a *complete* application.

1. All documents and fees shall be received at the West Pottsgrove Township Municipal Building, 980 Grosstown Road, Stowe, PA 19464. Township staff will stamp the date of acceptance on each copy of the plan.
2. Conditional Use applications shall be made in writing at least thirty (30) days prior to the next scheduled West Pottsgrove Planning Commission meeting (usually the third Thursday of the month at 7:00 p.m.).

Application shall be submitted on the West Pottsgrove Township application form with the following required documents:

	Attached (✓)
Two (2) copies of the Application Form	
Two (2) copies of the Narrative	
Two (2) copies of Tax Map	
Two (2) copies of Deed	
Two (2) copies of Agreement of Sale or lease agreement	
Two (2) copies of a list of all adjoining properties and those directly across the street, including address, parcel number, and owner(s) of record.	
Two (2) copies of any and all exhibits, including, but not limited to pictures, diagrams, changes, etc.	
Two (2) copies of a detailed plan of the proposed structure(s) elevation	
<b>Two (2) 24" x 36"</b> sets of site plans	
<b>Five (5) 11" x 17"</b> sets of site plans	
Payment of fee to West Pottsgrove Township – refer to Fee Schedule	
<b>One – Electronic copy</b> of the complete submission containing all plans and supporting documents in PDF format via USB <b>OR</b> an upload link	

Applicant should contact the Township to determine how many copies should be submitted for each additional plan submission. Each plan submission must be accompanied by a cover letter explaining the revisions made to the new submission and the actions being requested by the applicant on the new submission. Applicant should allow 30 days for the review of each submission. All plan sets, with the exception of the record plans, must be individually folded to fit in an 8.5 x 11 standard accordion file folder.

**Submission to Montgomery County Planning Commission** - Visit the following website for plan submission and review fees.

<https://www.montgomerycountypa.gov/490/Planning-Commission>

#### **CERTIFICATION**

---

I certify that the statements made in this Application and all attachments are true, correct, and complete to the best of my knowledge and belief. I understand that if I knowingly make false statements herein, I am subject to such penalties as may be prescribed by law or ordinance. I understand that a notice of the scheduled hearing date will be posted for public view on the affected land.

---

Applicant's Name (printed)

---

Title

---

Applicant's Signature

---

Date

PROPERTY OWNER (*if different from Applicant*):

---

Property Owner's Name (printed)

---

Title

---

Property Owner's Signature

---

Date