



# TOWNSHIP OF WARWICK

Administration Building 1733 Township Greene, Jamison, PA 18929 (215) 343-6100 FAX (215) 343-4407

## APPLICATION FOR CONDITIONAL USE REVIEW

Application is hereby made for approval by the Board of Supervisors of the attached Conditional Use Plan submitted in accordance with the regulations of the Warwick Township Zoning Ordinance, as last amended. Submitted with this application are thirty (30) full sets of the plan, together with application fees in the amount of \$ \_\_\_\_\_, which are non-refundable.

Additionally, the applicant deposits herewith the sum of \$ \_\_\_\_\_ with the Township for any and all reasonable engineering, legal, or administrative costs and charges incurred in review of the plans. This fund shall be replenished when requested by the Township; failing which, the Township shall have the right to terminate its review.

In the event the applicant wishes to have their review by the Township discontinued, written notification will be made to the Township and processing of the review will be terminated upon receipt of such written notification by the Township, it being understood that all bills accrued to the date of termination will be paid from the escrow and the balance, if any, will be returned to the applicant.

\_\_\_\_\_  
*Applicant signature*

\_\_\_\_\_  
*Date*

NAME OF CONDITIONAL USE APPLICANT \_\_\_\_\_

LOCATION OF PROPERTY \_\_\_\_\_

BLOCK \_\_\_\_\_ UNIT \_\_\_\_\_ PARCEL N°. \_\_\_\_\_ ZONING DISTRICT \_\_\_\_\_

DESCRIPTION OF PROJECT \_\_\_\_\_

APPLICANT NAME \_\_\_\_\_ PHONE N°. \_\_\_\_\_

APPLICANT ADDRESS \_\_\_\_\_

PROPERTY OWNER NAME \_\_\_\_\_ PHONE N°. \_\_\_\_\_

PROPERTY OWNER ADDRESS \_\_\_\_\_

ENGINEER NAME \_\_\_\_\_ PHONE N°. \_\_\_\_\_

ATTORNEY NAME \_\_\_\_\_ PHONE N°. \_\_\_\_\_

PLAN N°. \_\_\_\_\_ PLAN DATE \_\_\_\_\_

NUMBER OF LOTS \_\_\_\_\_ (OR ACREAGE) \_\_\_\_\_

SOURCE OF: WATER \_\_\_\_\_ SEWAGE \_\_\_\_\_

Date received: \_\_\_\_\_ Township Official \_\_\_\_\_