



HISTORIC RESOURCE OVERLAY DISTRICT CONDITIONAL USE APPLICATION

Department of
Building and Planning
Planning Division
Phone: (610) 645-6140
Fax: (610) 649-9598

Zoning Code Section from which Conditional Use is sought: _____

Which type of relief does the Conditional Use request seek? Dimensional Relief Incentive Use

Property

Address of Property _____ Ward:

Zoning District:

Zoning Overlay:

Historic Resource Status:

Property Owner

Name: _____

Address: _____

Tel. No.: _____ E-mail Address: _____

Signature: _____ Date:

Applicant

Name: _____

Address: _____

Tel. No.: _____ E-mail Address: _____

Signature: Date:

Application Materials

Please provide 10 copies of the following:

- Narrative description of the proposed Conditional Use(s) submitted.
- Physical changes proposed for the affected Historic Resource(s) and surrounding landscape submitted.
- Proposed modifications to otherwise applicable area, bulk, and parking regulations submitted.
- Historic Resource Impact Study.
- Recent Photographs of all buildings and structures on the property.
- Site Plan showing all buildings and structures on the property. Date of Plan: _____

Application Fee: _____

FOR OFFICE USE ONLY

Application Number: _____ Block & Unit Number: _____ Date Submitted:

By filing out this application, you are hereby granting permission to Township officials to visit the site for review purposes.