



ZONING USE REQUEST

Lower Merion Township
75 E. Lancaster Avenue
Ardmore, PA 19003

Phone: 610 645-6200 Fax: 610-649-9598

Application is hereby made for a zoning use in connection with the following property:

1. Exact location including street address, floor level and/or suite number.

Number and street name: _____

Town: _____ Suite No.: _____ Floor #: _____

Property Owner: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

3. Name of Applicant: _____

Phone: _____ Cell: _____

Email: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

4. Name of Proposed Tenant: _____

5. Current and/or prior use of building/property (if vacant, describe most recent use):

6. Proposed use of building and/or property:

The Township reserves the right to require additional information. If the description requires more space, submit on a separate sheet of paper.

7. Description of Building: # of Floors _____ Is there a basement? Yes (___) No (___)
8. Will you use the basement? Yes (___) No (___) N/A (___)
Describe: _____
9. a) Will the proposed use occupy the entire building? Yes (___) No (___) If not, what floor will you occupy? _____
- b) Square footage of the proposed use (REQUIRED): _____
- c) Are there Handicap Accessible restrooms provided? Yes (___) No (___)
- d) How many? _____ Location: _____
- e) Is there an Accessible entrance provided? Yes (___) No (___)
10. Do the plans submitted with this application include all existing and proposed improvements on this property including the basement and all floors above?
Yes (___) No (___) N/A (___)
11. a) Will the proposed use include the service or sales of alcohol? Yes (___) No (___) N/A (___)
- b) If yes, is there an existing Liquor License? Yes (___) No (___)
- c) If there is not an existing Liquor License, will the Liquor License be transferred from within Lower Merion Township or transferred from a community outside of Lower Merion Township? Describe: _____

- I hereby certify that I am the owner of record or that the owner has authorized me to submit this application.
- I certify that the facts set forth in the foregoing application are true and correct.
- I understand that this form is not a building permit and that the proposed use will require a separate review and approval for compliance with the Township's Building and Fire (and Health) Codes.
- I understand that a building permit is required before the start of any work and a final inspection is required prior to occupancy.
- I understand that if I am seeking a use approval that is binding with appeal rights authorized by the Pennsylvania Municipalities Planning Code. I must request a Preliminary Opinion separately in writing per §155-105.1 and pay all applicable Township fees plus reimburse the Township for all advertising costs.

Owner or authorized applicant: Print Name: _____

Signature: _____

Date: _____