

**PERKIOMEN TOWNSHIP**

**MONTGOMERY COUNTY**

**1 TRAPPE ROAD  
COLLEGEVILLE, PA 19426  
(610) 489-4034**

**CONDITIONAL USE HEARING APPLICATION**

To be completed only by Township:

**FEES PAID:**

HEARING NO. \_\_\_\_\_

Application: \_\_\_\_\_

Date Filed: \_\_\_\_\_

Costs: \_\_\_\_\_

Time Filed: \_\_\_\_\_

Reimbursement: \_\_\_\_\_  
(If applicable)

1. **APPLICANT**

A. Name: \_\_\_\_\_

B. Mailing Address: \_\_\_\_\_

C. Telephone Number: \_\_\_\_\_

D. State whether Owner of Legal Title, Owner of Equitable Title, or Tenant with permission of Owner of Legal Title (If the applicant is not the Record Owner of the subject property, the applicant must submit a signed and notarized statement from the record owner authorizing the applicant to pursue the specific conditional uses):

\_\_\_\_\_  
\_\_\_\_\_

2. **APPLICANT'S ATTORNEY, IF ANY**

A. Name: \_\_\_\_\_

B. Address: \_\_\_\_\_

\_\_\_\_\_ Telephone No. \_\_\_\_\_

3. **PROPERTY**

A. Present Zoning Classification: \_\_\_\_\_

B. Location ( with reference to nearby intersections or prominent features):

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C. Dimensions:

(1) Area: \_\_\_\_\_

(2) Frontage: \_\_\_\_\_

(3) Depth: \_\_\_\_\_

C. Size, construction and use of existing improvements; use of land, if unimproved:

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4. **STATEMENT OF SECTION OF THE ORDINANCE UNDER WHICH  
CONSIDERATION OF THE CONDITIONAL USE IS BEING REQUESTED:**

A. Ordinance - Section: \_\_\_\_\_

B. Summary: \_\_\_\_\_

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I (We) hereby certify that the above information is true and correct to the best of my (our) knowledge, information, or belief.

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Applicant's signature

Note: Seven (7) copies of all pertinent plans and documentation to support the Conditional Use request shall be attached to the application. The person who prepared the plan shall be prepared to state under oath at the formal hearing that the plan is complete and accurate.