BOROUGH OF CONSHOHOCKEN
400 Fayette Street, Suite 200, Conshohocken, PA 19428
Phone (610) 828-1092 Fax (610) 828-0920

Zoning Application

Application: _____
Date Submitted: _____
Date Received: _____

1. Application is hereby made for:

☐ Special Exception ☐ Variance

☐ Appeal of the decision of the zoning officer

☐ Conditional Use approval ☐ Interpretation of the Zoning Ordinance

☐ Other _____

2. Section of the Zoning Ordinance from which relief is requested:

_____

3. Address of the property, which is the subject of the application:

_____

4. Applicant's Name: _____

Address: _____

Phone Number (daytime): _____

E-mail Address: _____

5. Applicant is (check one): Legal Owner ☐; Equitable Owner ☐ ; Tenant☐.

6. Property Owner: _____

Address: _____

Phone Number: _____

E-mail Address: _____

7. Lot Dimensions: _____Zoning District: _____

8. Has there been previous zoning relief requested in connection with this Property?

Yes ☐ No ☐ If yes, please describe.

9. Please describe the present use of the property including any existing improvements and the dimensions of any structures on the property.

10. Please describe the proposed use of the property.

11. Please describe proposal and improvements to the property in detail.

12. Please describe the reasons the Applicant believes that the requested relief should be granted.

_____

_____

_____

_____

_____

_____

13. If a Variance is being requested, please describe the following:

a. The unique characteristics of the property: _____

_____

b. How the Zoning Ordinance unreasonably restricts development of the property:

_____

_____

_____

c. How the proposal is consistent with the character of the surrounding neighborhood. _____

_____

_____

d. Why the requested relief is the minimum required to reasonably use the property; and why the proposal could not be less than what is proposed.

_____

_____

_____

14. The following section should be completed if the applicant is contesting the determination of the zoning officer.

a. Please indicate the section of the zoning ordinance that is the subject of the zoning officer's decision (attach any written correspondence relating to the determination).

_____

_____

b. Please explain in detail the reasons why you disagree with the zoning officer's determination.

_____

_____

_____

_____

15. If the Applicant is requesting any other type of relief, please complete the following section.

a. Type of relief that is being requested by the applicant.

_____

_____

_____

b. Please indicate the section of the Zoning Ordinance related to the relief being requested.

_____

c. Please describe in detail the reasons why the requested relief should be granted.

_____

_____

_____

_____

_____

16. If the applicant is being represented by an attorney, please provide the following information.

a. Attorney's Name: _____

b. Address: _____

c. Phone Number: _____

d. E-mail Address: _____

I/we hereby certify that to the best of my knowledge, all of the above statements contained in this Zoning Application and any papers or plans submitted with this application to the Borough of Conshohocken are true and correct.

_____

Applicant

_____

Legal Owner

_____

Date

COMMONWEALTH OF PENNSYLVANIA

COUNTY OF MONTGOMERY

As subscribed and sworn to before me this _____ day of

_____, 20____.

_____

Notary Public

(Seal)

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Decision

(For Borough Use Only)

Application Granted ☐ Application Denied ☐

MOTION:

CONDITIONS:

BY ORDER OF THE ZONING HEARING BOARD

	Yes	No
_____	☐	☐
_____	☐	☐
_____	☐	☐
_____	☐	☐
_____	☐	☐

DATE OF ORDER: _____