



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

## Conditional Use 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

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(For Borough Use Only)

Application Granted

Application Denied

MOTION:

CONDITIONS:

BY ORDER OF THE ZONING HEARING BOARD

	Yes	No
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

DATE OF ORDER: \_\_\_\_\_



# BOROUGH OF CONSHOHOCKEN

*Office of the Borough Manager*

*Zoning Administration*

**BOROUGH COUNCIL**

Colleen Leonard, President  
Tina Sokolowski, Vice-President  
Anita Barton, Member  
Stacy Ellam, Member  
Kathleen Kingsley, Member  
Adrian Serna, Member  
Karen Tutino, Member

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Yaniv Aronson, Mayor

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Stephanie Cecco, Borough Manager

DATE: \_\_\_\_\_

*Via email*

Borough of Conshohocken  
Attn: Zoning Administration  
400 Fayette Street – Suite 200  
Conshohocken, PA 19428

Re: \_\_\_\_\_  
(Petitioner)

\_\_\_\_\_  
(Premises Involved)

I represent the above applicant. Pursuant to the Borough of Conshohocken Zoning Ordinance, I/We hereby waive the applicable time requirements under the MPC and the Borough Code for the conditional use hearing in the above matter.

This extension is effective through \_\_\_\_\_ (last date of month following Borough Council Voting Meeting)

Please advise if you require anything further in this regard.

Thank you for your consideration of this case.

Sincerely,

\_\_\_\_\_  
(Applicant/Attorney Signature)

\_\_\_\_\_  
(Print Name)

# Applicant Request for County Review



MONTGOMERY COUNTY PLANNING COMMISSION

# MCPC

P.O. Box 311, Norristown, PA 19404-0311  
 Phone: 610-278-3722  
 Business Hours: 8:30 A.M. to 4:15 P.M.  
[www.planning.montcopa.org](http://www.planning.montcopa.org)

This request should be filled out by the applicant and submitted to the municipality where the application is being filed along with digital copies of all plan sets/information. Municipal staff will electronically file the application with the county, and a notice for the prompt payment of any fees will be emailed to the Applicant's Representative.

Date:

Municipality:

Proposal Name:

Applicant Name:

Address:

City/State/Zip:

Phone:

Email:

Applicant's Representative:

Address:

City/State/Zip:

Business Phone (required):

Business Email (required):

## Type of Review Requested:

*(Check All Appropriate Boxes)*

- Land Development Plan
- Subdivision Plan
- Residential Lot Line Change
- Nonresidential Lot Line Change
- Zoning Ordinance Amendment
- Zoning Map Amendment
- Subdivision Ordinance Amendment
- Curative Amendment
- Comprehensive / Other Plan
- Conditional Use
- Special Review\*

*\*(Not included in any other category - includes parking lot or structures that are not associated with new building square footage)*

## Type of Plan:                      Type of Submission:

- Tentative (Sketch)                       New Proposal
- Preliminary / Final                       Resubmission\*

*\* A proposal is NOT a resubmission if A) The proposed land use changes, or B) The amount of residential units or square footage proposed changes more than 40%, or C) The previous submission was over 5 years ago.*

**Zoning:**

Existing District:

Special Exception Granted  Yes  No

Variance Granted  Yes  No For

## Plan Information:

Tax Parcel Number(s)

Location

Nearest Cross Street

Total Tract Area

Total Tract Area Impacted By Development

*(If the development is a building expansion, or additional building on existing development, or only impacts a portion of the tract, please provide a rough estimate of the land impacted, including associated yards, drives, and facilities.)*

Land Use(s)	Number of New		Senior Housing		Open Space Acres*	Nonresidential New Square Feet
	Lots	Units	Yes	No		
Single-Family			<input type="radio"/>	<input type="radio"/>		
Townhouses/Twins			<input type="radio"/>	<input type="radio"/>		
Apartments			<input type="radio"/>	<input type="radio"/>		
Commercial						
Industrial						
Office						
Institutional						
Other						

*\*Only indicate Open Space if it will be on a separate lot or deed restricted with an easement shown on the plan.*

Additional Information:

**RESET**