



**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)



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

## Decision

---

(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: \_\_\_\_\_