



BOROUGH OF NEW HOPE

123 New Street, New Hope, PA 18938 ● Phone 215-862-3347 ● info@NewHopeBorough.org

APPLICATION FOR CONDITIONAL USE PERMIT

APPLICATION NUMBER:

APPLICATION DATE:

Application is made by the undersigned for a Conditional Use Permit pursuant to the terms and provisions of the New Hope Borough Zoning Ordinance, as amended.

Site Location

27 -

Parcel Number

Current Zoning Classification

Current Use

Applicant Information:

Agent or Attorney Information:

Applicant Name

Agent or Attorney Name

Contact Name if Different than Applicant

Contact if Different than above

Address

Address

City

State

Zip

City

State

Zip

Phone

Phone

Email

Email

Owner(s) of Record:

Note: If applicant is not the owner, state applicant's authority to bring this application and attach documents in support of said authority

Name

Name

Name

Address

Address

City

State

Zip

City

State

Zip

Phone

Phone

Email

Email

Applicant claims that the Conditional Use Permit herein requested may be allowed under Article _____ Section _____, Paragraph _____ of the New Hope Borough Zoning Ordinance, as amended.

The following must accompany all applications:

1. Filing fee and escrow deposit in accordance with the fee and escrow schedules in effect at time of application.
2. Twenty (20) copies of a plot plan, drawn to scale, showing the real estate affected, indicating the location and size of all improvements now erected, the location and size of all proposed improvements to be erected thereon, property boundaries, and existing man-made features within 200 feet of the property.
3. A written statement indicating the proposed use for the property and the reasons why the applicant believes the proposed use should be granted.
4. A list of all adjoining properties including those located opposite the property across any adjoining road or street. This list shall be made on the form provided and shall include the tax map parcel number of each adjoining property and the name and mailing address of the owner of each property.

General Information:

1. No application shall be accepted unless the application form is complete, plans have been prepared in accordance with the above and all required fees and escrow deposit amounts have been paid to the Borough.
2. Conditional use applications are reviewed by the New Hope Borough Planning Commission and Council. The recommendation of the Planning Commission is advisory; the final decision to approve or disapprove an application is made by the Borough Council at a public hearing.
3. All property owners adjacent to the subject property must be notified as to the particular nature of the applicant's request and the time and place of the public hearing before the Borough Council.
4. The first public hearing will be held within sixty (60) days from the date of receipt of the applicant's completed application, unless the applicant agrees in writing to an extension of time. The Borough Council must approve or disapprove the request for a conditional use within forty-five (45) days following the date of the final public hearing.

The following is a list of names and addresses of all persons owning properties that adjoin or are located across a public road from the applicant's premises. *(Attach an additional sheet if necessary.)*

Name

Address

City State Zip

Tax Map Parcel Number

Name

Address

City State Zip

Tax Map Parcel

Name

Address

City State Zip

Tax Map Parcel Number

Name

Address

City State Zip

Tax Map Parcel

Name

Address

City State Zip

Tax Map Parcel Number

Name

Address

City State Zip

Tax Map Parcel

Name

Address

City State Zip

Tax Map Parcel Number

Name

Address

City State Zip

Tax Map Parcel

SIGNATURE OF APPLICANT

By filing this application, applicant verifies that he/she is responsible for all costs related to this application and agrees to reimburse New Hope Borough for all costs incurred by the Borough in the processing of this application to the extent that those costs exceed the escrow deposit. An administrative fee shall be added to all applicable charges invoiced to the escrow account.

Applicant's Signature

Date

Name

Address

City State Zip

Phone

<u>TO BE COMPLETED BY THE BOROUGH</u>	
FEE PAID	\$ _____
DATE PAID	_____
	DATE APPLICATION RECEIVED _____