



WARWICK TOWNSHIP
 DEPARTMENT OF PLANNING & ZONING
 1733 Township Greene
 Jamison, PA 18929
 (215) 343-6100
www.warwick-bucks.org

FOR WARWICK TOWNSHIP USE ONLY:

Received by: _____

APPLICATION FOR CONDITIONAL USE REVIEW

Application is hereby made for approval by the Board of Supervisors of the attached Conditional Use Plan submitted in accordance with the regulations of the Warwick Township Zoning Ordinance, as last amended. Submitted with this application are five (5) full sets of the plan and one full copy on CD, together with the application fees in the amount of \$ _____ and the required escrow in the amount of \$ _____, both of which are non-refundable
 PLEASE NOTE THAT THE APPLICATION/FILING FEE IS NON-REFUNDABLE. THE ESCROW FEE IS RETURNED IF ALL GENERATED INVOICES ARE PAID IN FULL FOLLOWING THE 18 MONTH MAINTENANCE PERIOD.

APPLICANT

Name of Applicant: _____ Phone: _____

Address: _____ Email: _____

Signature of Applicant: _____ Date: _____

ENGINEER

Name: _____

Address: _____

Phone: _____

Email: _____

ATTORNEY

Name: _____

Address: _____

Phone: _____

Email: _____

PROJECT

Full Description of Requested Conditional Use: _____

Describe the reason behind this request: _____

Location/Address of Property: _____

Owner of Property: _____ Owner of Property Phone: _____

Owner of Property Address: _____

Zoning District: _____ TMP 51- _____ TMP 51- _____

Number of Lots: _____ Acreage: _____ Source of: Water _____ Sewage: _____

Does the property contain any easements or deed restrictions: Yes No (If yes, please describe...)

Date Received: _____

Township Official: _____