

Borough of Darby

CONDITIONAL USE APPLICATION



We the undersigned, hereby make application for a Conditional Use under the terms of the Borough of Darby Zoning Ordinance, as amended, and provide the following information related to our application:

Applicant:

Name: _____

Address: _____

Tel: _____ Fax: _____

Email: _____

Owner (if different from Applicant):

Name: _____

Address: _____

Tel: _____ Fax: _____

Email: _____

Attorney for Applicant:

Name: _____

Firm: _____

Address: _____

Tel: _____ Fax: _____

Email: _____

Engineer for Applicant:

Name: _____

Firm: _____

Address: _____

Tel: _____ Fax: _____

Email: _____

Architect for Applicant:

Name: _____

Firm: _____

Address: _____

Tel: _____ Fax: _____

Email: _____

PROPERTY:

Exact Location of Property:

Zoning Classification of Property:

Present Use of Property:

Detailed Description of Proposed Use:

Names and Addresses of ALL ABUTTING PROPERTY OWNERS AND OWNERS OF PROPERTY WITHIN TWO HUNDRED AND FIFTY FEET (250) of the subject property:

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If additional properties, continue on separate sheet and check here _____.

THE APPLICANT IS RESPONSIBLE FOR THE BOROUGH OF DARBY'S COST TO ADVERTISE THE CONDITIONAL USE HEARING. THESE ADVERTISING COSTS MUST BE PRE-PAID AT THE TIME OF APPLICATION.

ALL DRAWINGS AND PLANS MUST ACCOMPANY THIS APPLICATION.

IT IS THE APPLICANT'S RESPONSIBILITY TO SECURE THE SERVICES AND BEAR THE COSTS OF A CERTIFIED COURT REPORTER FOR THE CONDITIONAL USE HEARING. THE ORIGINAL OF ANY SUCH TRANSCRIPT OF PROCEEDINGS MUST BE FILED WITH THE SECRETARY OF THE BOROUGH COUNCIL FOR THE OFFICIAL RECORD WITHIN FIFTEEN DAYS OF THE HEARING'S CONCLUSION.

COMMONWEALTH OF PENNSYLVANIA)
COUNTY OF DELAWARE)

SS:

AFFIDAVIT

_____, being duly sworn according to law, deposes and says that he/she is the Applicant herein (or that he/she is the one of the Applicant's herein and is authorized to make this Affidavit on behalf of all Applicants), (or that he/she is an officer, employee or agent of such Corporate Applicant herein and as such officer; employee or agent of such Corporate Applicant, he/she is authorized to make this Affidavit on its behalf), and that the facts set forth herein are true and correct to the best of his/her knowledge, information and belief.

_____ (SEAL)
Applicant of Appellant

Sworn and subscribed before me this _____ day of _____, 20_____

Notary Public