



West Grove Borough  
117 Rosehill Avenue  
P. O. Box 61  
West Grove, PA 19390  
Phone: (610) 869-2792  
Fax: (610) 869-4138  
[www.westgroveborough.org](http://www.westgroveborough.org)

APPLICATION FOR A CONDITIONAL USE

NOTICE: APPLICANT IS RESPONSIBLE FOR COMPLETION OF THIS FORM. ANY FAILURE TO COMPLETE THIS FORM OR TO PROVIDE ANY INFORMATION REQUIRED WILL RESULT IN THE APPLICATION BEING RETURNED TO YOU.

1. Name of Applicant and connection to property (i.e. Owner, Tenant, etc.) If you are not the owner, you must attach evidence of authority from the owners to make this application.

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2. Mailing Address\_\_\_\_\_

3. Telephone Number\_\_\_\_\_

4. Tax Parcel Number\_\_\_\_\_

5. Name of Owners of property\_\_\_\_\_

6. Street address of property\_\_\_\_\_

7. Size of Entire Tract\_\_\_\_\_

8. Location/Address of Parcel\_\_\_\_\_

9. Name, address and telephone number of attorney, if any\_\_\_\_\_

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10. Zoning classification\_\_\_\_\_

11. How much of the property will be utilized for this purpose\_\_\_\_\_

12. List all current uses, buildings, residents and tenants on this property\_\_\_\_\_

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13. Cite the specific ordinance section(s) establishing conditional use standards for your proposed use \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Proposed Use of Parcel/Structure \_\_\_\_\_  
\_\_\_\_\_

15. Name and address of all property owners on the same street within five hundred (500) feet of the parcel and owners not on same street within two hundred (200) feet of the parcel (continue on additional sheets as necessary).  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. State the section number or numbers from the Zoning Ordinance which authorize the conditional use for the zoning district.

17. Explain precisely what it is that you want to do or are doing with this property (attach extra pages and plans to explain if necessary).

18. Attach a proposed plan indicating the size and location of the proposed use, the location of all proposed buildings and facilities and the location of all existing buildings and structures on adjacent properties within 500 feet of the property line.

19. The Applicant is responsible to notify all owners of land within 500 feet of the property. Proof must be supplied by the Applicant at the conditional use hearing of said notice.

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THIS FORM, PROPERLY COMPLETED, WITH 10 SETS OF ACCOMPANYING DOCUMENTATION AND PLOT PLANS (SEE ZONING OFFICER FOR DETAILS) AND A CHECK (PAYABLE TO WEST GROVE BOROUGH) IN THE AMOUNT OF \$1000.00 SHALL BE PRESENTED TO THE ZONING OFFICER FOR PROCESSING. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

I (WE) the undersigned do hereby submit this application for Conditional Use affecting property under my (our) ownership or the ownership of my (our) assigns or predecessors, in West Grove Borough.

To Applicant's knowledge, information and belief, the information contained herein is true and correct.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name as Signed Above

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name as Signed Above

\_\_\_\_\_  
Notary (Signature and Seal)

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FOR OFFICIAL USE ONLY

DATE RECEIVED \_\_\_\_\_ RECEIVED BY \_\_\_\_\_

CLOCK DATE \_\_\_\_\_

AMOUNT OF PAYMENT RECEIVED \_\_\_\_\_ CHECK NUMBER \_\_\_\_\_

DATE GRANTED \_\_\_\_\_ DATE DENIED \_\_\_\_\_

REASON FOR DENIAL \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_