

Township Use:  
No. \_\_\_\_\_

## CODE ENFORCEMENT OFFICE

**WHITPAIN TOWNSHIP**  
960 Wentz Road  
P.O. Box 800  
Blue Bell, PA 19422-0800  
buldingandzoning@whitpaintownship.org

**Phone: (610) 277-2400**  
**Fax: (610) 277-2209**  
**Office Hours: Mon. – Fri. 1-2 p.m.**  
**& By Appointment**

### Application for Conditional Use Hearing

#### TO WHITPAIN TOWNSHIP BOARD OF SUPERVISORS

1. The Applicant: \_\_\_\_\_ Phone H# \_\_\_\_\_  
(Name) \_\_\_\_\_ W# \_\_\_\_\_  
of (address) \_\_\_\_\_
2. If other than owner, state interest in property: \_\_\_\_\_  
\_\_\_\_\_
3. Property:  
A. Location or Address: \_\_\_\_\_  
B. Zoning District: \_\_\_\_\_  
\_\_\_\_\_
4. Conditional Use Request: \_\_\_\_\_  
\_\_\_\_\_
5. The Pertinent section(s) of Ordinance for this request: \_\_\_\_\_  
\_\_\_\_\_

I (we) certify that the foregoing statements are true:

\_\_\_\_\_  
Attorney

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Title of Signer

(DO NOT WRITE IN THIS SPACE)

SCHEDULED HEARING DATE: \_\_\_\_\_

Petition Granted: \_\_\_\_\_ Petition Refused: \_\_\_\_\_

WHITPAIN TOWNSHIP BOARD OF SUPERVISORS

by: \_\_\_\_\_

Filing Fee \$ \_\_\_\_\_ Received \_\_\_\_\_

by \_\_\_\_\_

Whitpain Township

