

**LOWER MILFORD TOWNSHIP**  
**Conditional Use Application**

This application, along with all required fees and supplemental information, shall be submitted in accordance with Article XV of the 2009 Zoning Ordinance and any amendment thereto, and shall include the following information:

1. Name of Applicant \_\_\_\_\_

Address \_\_\_\_\_

Daytime phone no. \_\_\_\_\_

2. Name of Record Owner \_\_\_\_\_

Address \_\_\_\_\_

Daytime phone no. \_\_\_\_\_

3. Property Location \_\_\_\_\_

Tax Parcel ID No. \_\_\_\_\_

Zoning District \_\_\_\_\_

4. Total Acreage \_\_\_\_\_

Existing Use and Property Improvements \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

5. Conditional Use Proposed \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Number of Proposed Lots/Units \_\_\_\_\_

Name of Development \_\_\_\_\_

Zoning Ordinance Article \_\_\_\_\_ Section \_\_\_\_\_

6. Attach statement of compliance with the applicable Supplementary Regulations and criteria of Zoning Ordinance Article XII.

Conditional Use Application

7. Name of Consulting Firm \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

8. Applicant's Attorney \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

9. Attach list of owners of property within 300 feet of the subject property along with property identification numbers for each.

10. The following is submitted with this application:

\_\_\_\_\_ 6 Copies of folded Site Plans (in accordance with Article XV of Zoning Ord.)

\_\_\_\_\_ 12 Sets reduced size Site Plans

\_\_\_\_\_ 1 Electronic format (re: auto cad.dwg file)

\_\_\_\_\_ Application Fee (non-refundable)

\_\_\_\_\_ Copy of Deed

\_\_\_\_\_ Professional Consultant Service Agreement

\_\_\_\_\_ Escrow Deposit

*To the best of my knowledge and belief, all information on this application is true, correct, and complete. (If the Applicant is different from the Record Owner, then both **MUST** sign this application.)*

**Owner Permission: I hereby give my consent to this application submission and permission for the Township agent(s) to enter the property for site investigation purposes.**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Applicant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Record Owner**

---

Township Use Only

Date Received \_\_\_\_\_

Application Number \_\_\_\_\_

Application Fee \_\_\_\_\_

Receipt Number \_\_\_\_\_

Check Number \_\_\_\_\_

Escrow \_\_\_\_\_

Receipt Number \_\_\_\_\_

Check Number \_\_\_\_\_

Application Complete \_\_\_\_\_