

Township of Falls

Zoning Department

188 Lincoln Highway · Fairless Hills, PA 19030

(215) 949-9000

www.fallstwp.com



CONDITIONAL USE & SPECIAL EXCEPTION GUIDELINES

- INSTRUCTIONS:** PLEASE READ CAREFULLY AND COMPLETE ALL PARTS TO THE APPLICATION
- DATE:** Planning Commission – Every third (3rd) Thursday of each month at 7:30 p.m.
Supervisors Meeting – Every second (2nd) and fourth (4th) Tuesday of each month at 7:30 p.m.
- DUE DATE:** Applications are due to the Township by 12 noon, three weeks prior to the next meeting date. NO EXCEPTIONS!
- LOCATION:** Public meeting room in the Township building. All applicants *must* be present.

PAPERWORK MUST BE RECEIVED THREE WEEKS PRIOR TO MEETINGS. MAKE CHECKS OR MONEY ORDERS PAYABLE TO "FALLS TOWNSHIP." ALL FEES ARE NON-REFUNDABLE

- APPLICATION FEE:** \$800.00
- ESCROW FEES:** RESIDENTIAL (Including Group Daycare Homes) - \$2,000.00
COMMERCIAL - \$6,000.00
CELL TOWERS - \$6,000.00 (Application fee not required)

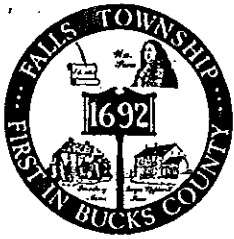
SUBMIT TWENTY-EIGHT (28) SETS EACH OF THE FOLLOWING:

- Written description of your request and why.
- Application form must be completely filled out and signed.
- Impervious surface form must be filled out completely.
- Site/plot plan must be submitted with application.
- A copy of the hardship letter addressed to Planning Commission Members and the Township Supervisors.

RESIDENTIAL – All properties that are in any way abutting any portion of your property must be notified via first class mail. (Sample below)

COMMERCIAL – All property owners within ¼ mile radius of the subject property must be notified via regular mail. (Sample below)

PLEASE NOTE: *If all conditions above are not completed, the application will be rejected and returned to the applicant. All fees **MUST** be paid prior to obtaining the permit.*



Township of Falls
Department of Planning and Zoning
188 Lincoln Highway, Suite 100
Fairless Hills, PA 19030
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APPLICATION FOR CONDITIONAL USE & SPECIAL EXCEPTION

Application is hereby made to request a:

Conditional Use:

Special Exception:

Other (describe general nature):

APPLICANT/CONTACT INFORMATION

Name _____ Phone: _____

Address: _____

Attorney Information: _____

PROPERTY INFORMATION

Location: _____

Tax Parcel Number: _____ Present Zoning: _____

Owner: _____

REQUEST INFORMATION

The purpose of this request is to: _____

Applicable Section(s) of the Zoning Ordinance requiring this appeal: _____

Has this or similar request been made previously? (If yes, give details) _____

ATTACH: 28 COMPLETE SETS OF APPLICATIONS AND **FOLDED** PLANS, SORTED AND STAPLED ALONG WITH THE GROUND LEASE AGREEMENT AS EVIDENCE OF THE APPLICANT'S AUTHORITY TO PROCEED WITH THIS APPLICATION

PLEASE NOTE: A SITE PLAN MUST ACCOMPANY THIS REQUEST

PLEASE NOTE: ATTACH SEPARATE SHEET STATING REASONS FOR REQUEST

I hereby affirm that the attached statements/plans are true and correct to the best of my knowledge and belief.

Date: _____ Signature of Attorney: _____

IF THE APPLICANT IS NOT THE OWNER OF THE AFFECTED PROPERTY, OWNER MUST SIGN BELOW.

I am the owner of the property pertaining to this appeal and I am aware of this application.

Date: _____ Signature of Owner: _____

PLEASE ATTACH THE GROUND LEASE AGREEMENT AND TOWER LEASE AGREEMENT AS EVIDENCE OF THE APPLICANT'S AUTHORITY TO PROCEED WITH THIS APPLICATION.

FOR OFFICE USE ONLY

Application is complete and accepted for filing.

Date: _____ Fee: _____ Receipt Number: _____