



# Township of Falls

188 Old Lincoln Highway  
Fairless Hills, PA 19030

[www.fallstwp.com](http://www.fallstwp.com)

(215) 949-9000

Fax: (215) 949-9015

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## CONDITIONAL USE GUIDELINES

Conditional use applications must go before the Falls Township Planning Commission before being heard by the Falls Township Board of Supervisors. The Planning Commission meets monthly in the Public Meeting room of the Falls Township municipal building.

### FEES:

Application Fee: \$1,000

#### Escrow Fees:

Residential: (including group daycare): \$2,000

Commercial: \$6,000

Cell Towers: \$6,000.00 (application fee is not required)

Checks should be made payable to "Falls Township" and must be submitted at the time of application. \*\*\* ALL FEES ARE NON-REFUNDABLE \*\*\*

### PLEASE NOTE:

- 28 complete sets of plans and application must be submitted
- Plans should be folded, not rolled
- Site plan to be included
- For Cell Towers: Attach ground lease agreement and tower lease agreement as evidence of the applicant's authority to proceed with this application.



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## CONDITIONAL USE APPLICATION

Application is hereby made to request a:

Conditional Use: \_\_\_\_\_

Other: \_\_\_\_\_

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### APPLICANT/ CONTACT INFORMATION

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Attorney Information:

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### PROPERTY INFORMATION

Location : \_\_\_\_\_

Tax Parcel Number: \_\_\_\_\_ Present Zoning: \_\_\_\_\_

Owner: \_\_\_\_\_

### REQUEST INFORMATION

The purpose of this request is to: \_\_\_\_\_

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

\_\_\_\_\_

Has this or similar request been made previously? Yes \_\_\_\_\_ No \_\_\_\_\_ (if yes, give details)

\_\_\_\_\_

\_\_\_\_\_

*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: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Application is complete and accepted for filing.

Date: \_\_\_\_\_ Fee: \_\_\_\_\_ Receipt No. \_\_\_\_\_



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**NAME OF PROJECT:** \_\_\_\_\_

**ADDRESS OF PROJECT:** \_\_\_\_\_

Pursuant to the Falls Township Code at Chapter 191, Section 8, Subsection C, Applicant hereby indefinitely waives the timelines associated with review process required for all submissions to the Planning Commission and Board of Supervisors. Applicant acknowledges that this written waiver can be revoked in writing at any time with at least 90 days' written notice to the Township Manager.

**APPLICANT'S SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_