



## FALLS TOWNSHIP

188 Lincoln Highway  
Fairless Hills, PA 19030  
215-949-9000

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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 the 4<sup>th</sup> Tuesday of each month.

### FEES:

Application Fee: \$1,500 (*Res. 2022-7 adopted 2/23/22*)

#### 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.

*We are currently accepting Conditional Use applications electronically in PDF format. For plans submitted in paper form, a PDF copy of all plans must be submitted in addition to the paper plans. Please contact Diane Beri at [d.beri@fallstwp.com](mailto:d.beri@fallstwp.com) or 215-949-9129 for more information*



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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:

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

**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:

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

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*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 209, Sections 50 and 65. 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:** \_\_\_\_\_