

**PALMER TOWNSHIP  
CONDITIONAL USE APPLICATION**

Date of Application: \_\_\_\_\_  
Name of Development/Business: \_\_\_\_\_  
Location: \_\_\_\_\_ Tax Map Parcel #: \_\_\_\_\_  
Zoning District: \_\_\_\_\_

In accordance with §190-902 of the Palmer Township Zoning Ordinance, we, the undersigned and interested parties, hereby request conditional use approval, as follows. (Please attach additional pages if required.)

The applicant is seeking approval under the following section(s) of the Palmer Township Zoning Ordinance (please note Article and Section numbers):

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Describe the nature of the development/business/use you plan to undertake:

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If the application is for a non-residential use, please provide the following:

Name of Business: \_\_\_\_\_

Size of business and/or building in square feet: \_\_\_\_\_

Describe the type of business or operation: \_\_\_\_\_

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Hours and Days of Operation: \_\_\_\_\_

Number of Employees (Full-time/Part-time): \_\_\_\_\_

Number of Customer Parking Spaces Required: \_\_\_\_\_

Number of Employee Parking Spaces Required: \_\_\_\_\_

Explain what affect the proposed use would have on any existing residential properties in the Township.

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Explain what affect the proposed use would have on traffic in the Township.

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Explain what affect the proposed use would have on stormwater management in the Township.

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Explain what fire, explosive, public health, toxic or other public safety hazards might be cause by the proposed use:

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Explain how the proposed use meets any specific standards for that use listed in §190-902.D and 190-902.E of the Zoning Ordinance.

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(Please add any additional information you would like considered as part of your application.)

**Applicant**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**Property Owner (if different than applicant)**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**Attorney**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
E-mail: \_\_\_\_\_

**Engineer (if applicable)**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
E-mail: \_\_\_\_\_

All submissions require 4 copies of the site plan, as well as a digital link containing PDF versions of all items submitted (USB and CD not accepted). The required application fee of \$1,000.00 should be submitted in the form of a check made payable to Palmer Township.

Send or deliver this application, along with the required plans and application fee, to:

**Kent A. Baird, AICP, Director of Planning  
Palmer Township  
3 Weller Place  
Palmer, PA 18045  
TELEPHONE: (610) 253-7191**

**EMAIL: [kbaird@palmertwp.com](mailto:kbaird@palmertwp.com)**