



# UPPER SOUTHAMPTON TOWNSHIP

Department of Licenses and Inspections

939 STREET ROAD  
SOUTHAMPTON, BUCKS COUNTY, PENNSYLVANIA 18966  
(215) 355-0677

## CONDITIONAL USE APPLICATION

(This application shall be prepared and filed with the appropriate amount of copies plus fees, plans and data required by the Township of Upper Southampton. APPLICATION SHALL BE FILED IN THE OFFICE OF THE TOWNSHIP MANAGER.)

I. I, \_\_\_\_\_, do hereby certify that an application to the Township of Upper Southampton on behalf of \_\_\_\_\_

For a Conditional Use on this \_\_\_\_\_ day of \_\_\_\_\_

This Conditional Use is to be known as \_\_\_\_\_

(Name of Conditional Use)

(Address of Conditional Use)

I further certify that I am fully aware of and have incorporated all submission requirements.

II. The complete description of the land is set forth in owner's deed, recorded in

Deed Book No. \_\_\_\_\_, Page \_\_\_\_\_, Date \_\_\_\_\_.

III. The Tax Parcel Number is \_\_\_\_\_.

IV. The area of land contained in the Conditional Use is \_\_\_\_\_ acres  
\_\_\_\_\_ sq. ft. V. District Zoning Classification is \_\_\_\_\_

VI. All Encumbrances against the land are as follows: (If recorded, give book and page numbers; if none, so state):  
\_\_\_\_\_

*"Southampton . . . . A Nice Place to Live"*

VII. Conditional Use Application is for the purpose of:

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

VIII. Owner is represented by \_\_\_\_\_  
(Agent or Attorney)

\_\_\_\_\_  
(Address) (Phone)

IX. \_\_\_\_\_  
(Filing Date) (Signature of Applicant)

\_\_\_\_\_  
(Name of Applicant to be typed or printed)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Phone)

\_\_\_\_\_  
Name of Condiitonal Use

NOTE: This application shall be accompanied by the required number of copies of the plan, the appropriate number of applications, supporting data, and required fees and escrow.

\_\_\_\_\_  
(Date) Accepted by \_\_\_\_\_  
(Signature of Township Manager)