THORNBURY TOWNSHIP DELAWARE COUNTY
APPLICATION FOR CONDITIONAL USE
RESIDENTIAL CLUSTER DESIGN
www.thornbury.org

Name & Address of Record Owner: _____

_____

_____

Phone Number: _____

Email: _____

Name & Address of Applicant: _____

_____

_____

Phone Number: _____

Email: _____

Site Address: _____

Project Name: _____

Zoning District: _____

Tax parcel No(s): _____

Proposed Conditional Use: _____

Gross Tract Area: _____ Acres Environmentally Sensitive Areas: _____ Acres

Total Number of Dwelling Units: _____ Open Space Area: _____ Acres

	YES	NO
Will the project be served by public water?	[ ]	[ ]
Will the project be served by public sewer?	[ ]	[ ]

_____
Applicant (printed or typed)

_____
Signature of Applicant Date

Fee Information: See Fee Schedule under "Code Department" at www.thornbury.org

Date received by Thornbury Township: _____

THE APPLICANT SHALL BE THE PROPERTY OWNER, OWNER IN EQUITY OR AUTHORIZED AGENT.
PROOF OF SUCH SHALL BE AFFIXED HERETO
Attach 12 copies of a sketch plan delineating the various aforementioned areas and a narrative of the proposed development.