



City of Chester Council

Application for Conditional Use

SUBMIT COMPLETE APPLICATION TO:

**CITY OF CHESTER
PLANNING DEPARTMENT**
CITY HALL, 1 FOURTH STREET
CHESTER, PA 19013

FOR OFFICE USE ONLY

DATE RECEIVED: _____

HEARING DATE: _____

1ST ADVERTISEMENT: _____

2ND ADVERTISEMENT: _____

CHECK/MONEY ORDER NO.: _____

AMOUNT: _____

APPLICANT MUST COMPLETE ALL INFORMATION BELOW. PRINT CLEARLY. SEE INSTRUCTIONS FOR REQUIREMENTS.

LOCATION OF PROPERTY (LEGAL ADDRESS):

PROPERTY OWNER'S NAME:

PROPERTY OWNER'S ADDRESS (INCLUDE CITY, STATE, AND ZIP):

PHONE:

EMAIL:

APPLICANT (IF DIFFERENT FROM THAT OF OWNER):

APPLICANT'S ADDRESS (INCLUDE CITY, STATE, AND ZIP):

FIRM/COMPANY:

PHONE:

EMAIL:

RELATIONSHIP TO OWNER:

TENANT/LESEE

ATTORNEY

DESIGN PROFESSIONAL

CONTRACTOR

EXPEDITOR

OTHER _____

CONDITIONAL USE APPEAL:

DESCRIBE CONDITIONAL USE APPLIED FOR:

CERTIFICATION

I hereby certify that I am authorized by the owner to make the foregoing application. I further certify that the statements contained herein are true and correct to the best of my knowledge and belief. I understand that if I knowingly make any false statements herein I am subject to such penalties as may be prescribed by law.

Applicant Signature

Date (Month/Day/Year)

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