



## Kennett Township

Name of Applicant: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Property Address: \_\_\_\_\_

Tax Parcel Number: \_\_\_\_\_ Zoning District: \_\_\_\_\_ Acreage: \_\_\_\_\_

Description of proposed use:

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

Conditional Use is provided in Zoning Ordinance Section: \_\_\_\_\_

We hereby acknowledge that we have read this application and state that the above is correct and agree to comply with all provisions of the Kennett Township Zoning Ordinance applicable to this project and property.

\_\_\_\_\_  
Signature of Applicant Date

Attest: \_\_\_\_\_

Date Reviewed and Accepted by Township Secretary:

\_\_\_\_\_  
Township Secretary Date

\$3500 initial Fee paid    Date: \_\_\_\_\_    Check # \_\_\_\_\_

(Each additional Hearing, \$ 500.00 for first hour and \$250.00 for each additional hour or portion thereof)