

BOROUGH OF TRAINER
DELAWARE COUNTY, PENNSYLVANIA

Phone: 610-497-3838
Fax: 610-497-7840

824 Main Street
Trainer, PA 19061

CONDITIONAL USE APPLICATION

Applicant's Name: _____

Applicant's Address: _____

Phone: _____ Email: _____

Location of Subject Property: _____

Applicant's Interest in Property: _____

Documentation of Interest in Property: _____

Application is made for Conditional Use approval pursuant to the Borough of Trainer Zoning Ordinance Section(s):

State facts and/or basis of application in support of the requested Conditional Use approval:

Detailed description of the business to be operated:

Plan of business drawn to scale, showing all buildings, parking spaces, signs, shrubbery, access driveways, fences, refuse containment areas, and all other details of the business layout:

Estimate of number of persons patronizing the business per day: _____

Estimate of number of motor vehicles, which will be attracted to the business per day:

BOROUGH OF TRAINER

DELAWARE COUNTY, PENNSYLVANIA

Phone: 610-497-3838

Fax: 610-497-7840

824 Main Street

Trainer, PA 19061

Description and number of vehicles to be maintained at the business (if applicable):

Zoning classification of the property:

Required copies of plans: 15

Date

Applicant Signature

BOROUGH USE ONLY

Application Number: _____ Date Application Received: _____

By: _____ Title: _____

Application Fee: _____ Date Paid: _____

REVIEW OF THIS APPLICATION WILL BE SCHEDULED BY THE BOROUGH COUNCIL AT ITS
MEETING ON: _____

(Date, Day, Time)