



ZONING USE REQUEST

Lower Merion Township

75 E. Lancaster Avenue

Ardmore, PA 19003

Phone: 610 645-6200

Fax: 610-649-9598

Application is hereby made for a zoning use in connection with the following property:

1. Exact location including street address, floor level and/or suite number.

Number and street name: _____

Town: _____ Suite No.: _____ Floor #: _____

2. Property Owner: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

3. Name of Applicant: _____

Phone: _____ Cell: _____

Email: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

4. Name of Proposed Tenant: _____

5. Current and/or prior use of building/property (if vacant, describe most recent use):

6. Proposed use of building and/or property:

The Township reserves the right to require additional information. If the description requires more space, submit on a separate sheet of paper.

7. Description of Building:

A) # of Floors _____

B) Is there a basement? Yes () No ()

C) Will you use the basement? Yes () No () N/A ()

Describe: _____

