## **CONDITIONAL USE APPLICATION**

## MUNICIPALITY OF BETHEL PARK ALLEGHENY COUNTY, PENNSYLVANIA

| Address                                 | of Property   |  |
|---|---|--|
| County Assessor's Tax Map Parcel Number |   |  |
| Acreage of Property                     |   |  |
| Present Use of Property                 |   |  |
| Zoning                                  | Classification of Property  |  |
| Propose                                 | ed Use of the Property  |  |
| Name o                                  | f Applicant   |  |
| Address                                 | of Applicant  |  |
| Telephone No E-mail Address             |   |  |
| Name o<br>(If differe                   | f Landowner<br>nt than Applicant)   |  |
| Address                                 | of Landowner  |  |
| Telephone No                            |   | E-mail Address   |
| NOTE:                                   | If the applicant is not the landowner, an option agreement or other evidence of authorization to act on behalf of the landowner must be submitted with the conditional use application. |  |
|   | RSON WHO HAS AUTHORITY<br>RY CONTACT SHOULD BE MA   | TO REPRESENT APPLICANT/OWNER WITH WHOM<br>DE ON THIS PLAN: |
| Name                                    |   |  |
| Address                                 | 5   |  |
| Telephone No                            |   | E-mail Address   |

Has there been a previous application for a conditional use submitted for this property? \_\_\_\_\_Yes \_\_\_\_\_No.

If yes, give date when said previous conditional use was submitted and the results (granted or denied).

Does applicant consent to on-site observation by Borough Officials and/or appointees? \_\_\_\_\_Yes \_\_\_\_\_No

Written Statement of Compliance with Applicable Standards and Criteria of Borough Zoning Ordinance: Enclosed \_\_\_\_\_Yes \_\_\_\_No

## Verification

I, \_\_\_\_\_, hereby depose and say that all above statements and the statements contained in the application papers submitted are true to the best of my knowledge and belief.

Signature of Applicant

Date

## MUNICIPAL OFFICE USE ONLY

Date application received by Municipality:

Application Fee Paid? \_\_\_\_\_Yes \_\_\_\_\_No

Date Application Fee Paid\_\_\_\_\_ Check No.\_\_\_\_\_

Application #\_\_\_\_\_