

APPLICATION FOR RE-ZONING

M U N I C I P A L I T Y O F B E T H E L P A R K
A L L E G H E N Y C O U N T Y , P E N N S Y L V A N I A

Address of Property_____

County Assessor's Tax Map Parcel Number _____

Name of Applicant _____

Address of Applicant_____

Telephone No. _____ E-mail Address _____

Name of Landowner _____
(If different than Applicant)

Address of Landowner _____

Telephone No. _____ E-mail Address _____

Acreage of Property Included in Request _____

Present Zoning Classification of Property _____

Zoning Classification Requested _____

Name of Applicant _____

Address of Applicant_____

Telephone No. _____ E-mail Address _____

Name of Landowner _____
(If different than Applicant)

Address of Landowner _____

Telephone No. _____ E-mail Address _____

Names and Addresses of Property Owners Adjacent to Property in Zoning Request:

_____	_____
Name	Address
_____	_____
Name	Address
_____	_____
Name	Address
_____	_____
Name	Address

Contents of Application:

- ____ Proposed Use or Development of Property
- ____ Legal Description
- ____ Survey of Property Included in Request
- ____ Justification for Requested Zoning
- ____ Traffic Impact Study/Analysis

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
_____	_____
Signature of Landowner	Date

MUNICIPAL OFFICE USE ONLY

Date application received by Municipality: _____

Application Fee Paid? ____ Yes ____ No Date Application Fee Paid _____

Fee Amount _____ Check No. _____ Cash _____

Application # _____