



MUNICIPALITY OF BETHEL PARK

Municipal Building • 5100 West Library Avenue • Bethel Park, PA 15102 • 412-831-6800 • FAX 412-831-8675 • www.bethelparkpa.gov

Permit # _____

RE-ZONING APPLICATION (Fee - \$750 Plus Costs Associated with Public Hearing)

Applicant Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Landowner Information: Same as Applicant

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Site Information:

Address: _____

Parcel #: _____ Acreage of Property: _____

Present Zoning: _____ Zoning Requested: _____

Owner Names/Addresses of Adjacent Properties:

Owner Name: _____ Address: _____

Contents of Application *(the following information/documents to be submitted with application):*

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

Signatures: *My signature on behalf of or as the owner constitutes my verification that the statements contained herein are true and I am subject to the penalty of 18 Pa.C.S.A. §4904 relating to unsworn falsification to authorities.*

Applicant Signature: _____

Landowner Signature: _____

For Department Use Only:

Date Application Received: _____ Fee Amount: _____ Date Fee Paid: _____