



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 # _____

ZONING PERMIT APPLICATION – (\$50 Fee)

Residential: Detached Carport Detached Garage < 1,000 SF Driveway/Parking Pad Patio
 Play Structure Rain Conductor/Yard Drainage Shed Other: _____

Commercial: New Business/Name of New Business: _____ New Project Sign
 Temporary Sign Other: _____

Applicant Information and Authorization:

Name: _____ Phone: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Applicant Signature: _____ **Date:** _____

My signature on behalf of or as the owner for this permit 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.

Owner Information: Same as Applicant ***If applicant is NOT the property owner, a letter of approval from the property owner is required.***

Name: _____ Phone: _____ Email: _____

Site Information:

Address: _____

Parcel ID: _____ Zoning District: _____

Description of Work: _____

Size: _____ x _____ Height: _____ Location: Front L. Side R. Side Rear **Corner Lot:** Yes No

Contractor Information:

Name & Title: _____ Phone: _____

Company Name: _____ Email: _____

Contractor Registration #: _____ Date of Expiration: _____

For Department Use Only:

Property in a Floodplain: Yes No Permit Required Yes No Reason _____ Initial _____

Stormwater Management: Yes No Permit Required Yes No Reason _____ Initial _____

Grading: Yes No Permit Required Yes No Reason _____ Initial _____

Sewage: EDU Increase: Yes No Sewage Module Required: Yes No

Zoning: Lot Coverage: Pass Fail Set-Backs: Pass Fail Height: Pass Fail Located within an easement? Yes No

Current Zoning District: _____ Current Use Classification: _____

Proposed Use Classification: _____ Applicable Ordinance No.: _____

Reviewed by Municipal Council/Planning Commission: Yes No Application No.: _____

Reviewed by Zoning Hearing Board: Yes No Application No.: _____

Zoning Officer Signature: _____ **Date:** _____

Approved: Yes No; if No, Reason: _____