

CONDITIONAL USE APPLICATION

BOROUGH OF MUNHALL

1900 West Street • Munhall, PA 15120 • 412-464-7310

www.munhallpa.us

Application's Name: _____

Represented by (if applicable): _____

Address: _____

Telephone: _____ FAX: _____

Date of Application _____

Check One: Owner of record Option Holder
 Agent for the Owner Other

If other, list relationship: _____

If not the owner of record, list the owner of record's name and address

(Please note that a letter of authorization from the owner of record is required)

Name: _____

Address: _____

Location of the proposed conditional use:

(Please attach a complete legal description and a map or site development plan which is drawn to scale)

How many lots of record are included in this proposed conditional use? _____

What is the current zoning classification of this property? _____

What is/are the current land use(s) of this property?

List the proposed conditional use(s) and the section of the zoning Code under which they are listed as a conditional use in the zoning district:

Note: be sure to read the specific conditions listed in Article IX of the Zoning Code for this specific use(s)

List other notes of comment which may help to explain your proposal:

Signature _____

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Staff review and recommendation to the commission: _____

Paliminary review by the commission: _____

Date of public hearing before the commission: _____

Date of final review and recommendation by the commission: _____

Date of public hearing before council: _____

Date of final disposition before council: _____

Approved _____ or rejected _____ by Council on: _____

FEE AMOUNT: _____ **Paid on:** _____

NOTES: