

RE-ZONING VARIANCE APPLICATION

BOROUGH OF MUNHALL

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

www.munhallpa.us

Applicant'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 property for which the variance is being requested:

(Please attach a complete legal description and a map or site development plan which is drawn to scale and a site development plan which shows all existing structures and all proposed improvements)

How many lots of record are included in this re-zoning? _____

What is the current zoning classification of this property? _____

Describe the proposed development of this property:

Note: be sure to read all items in the Zoning Code which may apply to the proposal which is being made.

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

Signature _____