

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)

How many lots of record are included in this petition? _____

What is the current zoning classification of this property? _____

Describe the proposed development of this property:

List each variance being requested, the specific requirement which cannot be met, and the specific section(s) of the Zoning Code where this requirement is found:

**Note: be sure to read the specific conditions listed in Article XIII,
section 11 of the Zoning Code.**

My request for a building permit or certificate of occupancy was denied by:

_____ date: _____

Please complete page two of this form

List other notes or comments which may be helpful in explaining your variance

Signature _____

STOP! FOR OFFICIAL USE ONLY

Confirmation that the building permit or the occupancy permit has been denied:

Denied by: _____ Date: _____

Staff review and recommendation to the board: _____

Date of public hearing before board: _____

Approved _____ or rejected _____ by Board on: _____

FEE AMOUNT: _____ Paid on: _____

Specific CONDITIONS of approval: _____

OTHER NOTES: _____

