



# MUNICIPALITY OF BETHEL PARK

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

## CONDITIONAL USE APPLICATION

Address of Property	
County Assessor's Tax Map Parcel Number	
Acreage of Property	
Present Use of Property	
Zoning Classification of Property	
Proposed Use of the Property	
<b>Applicant</b>	
Name of Applicant	
Address of Applicant	
Telephone No.	
Email Address	
<b>Landowner</b>	
Name of Landowner (if different from applicant)	
Address of Landowner	
Telephone No.	
Email	
<b>NOTE: If the applicant is not the landowner, an option agreement or other evidence of authorization to act on behalf of the landowner must be submitted with the conditional use application.</b>	
<b>THE PERSON WHO HAS AUTHORITY TO REPRESENT APPLICANT/OWNER WITH WHOM PRIMARY CONTACT SHOULD BE MADE ON THIS PLAN:</b>	
Name	
Address	
Telephone No.	
Email	
Has there been a previous application for a conditional use submitted for this property? <input type="checkbox"/> Yes <input type="checkbox"/> No	

If yes, give date when said previous conditional use was submitted and the results (granted or denied).

Date \_\_\_\_\_

Results \_\_\_\_\_

Does applicant consent to on-site observation by Municipal Officials and/or appointees?

\_\_\_\_ Yes \_\_\_\_ No

Written Statement of Compliance with Applicable Standards and Criteria of Municipal Zoning Ordinance: Enclosed \_\_\_\_ Yes \_\_\_\_ No

### Verification

I, \_\_\_\_\_, hereby depose and say that all above statements and the statements contained in the application papers submitted are true to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

### MUNICIPAL OFFICE USE ONLY

Date application received by Municipality: \_\_\_\_\_

Application Fee Paid? \_\_\_\_ Yes \_\_\_\_ No

Date Application Fee Paid \_\_\_\_\_ Check No. \_\_\_\_\_

Application # \_\_\_\_\_