



MUNICIPALITY of MURRYSVILLE

4100 Sardis Road • Murrysville, PA 15668
Phone: (724) 327-2100 • Fax: (724) 327-2881

Zoning District Change/Zoning Amendment Application Form

TYPE OF APPLICATION

Zoning District Change Zoning Amendment Curative Amendment

APPLICANT INFORMATION

APPLICANT/OWNER

REPRESENTATIVE

Name _____

Name _____

Address _____

Address _____

City _____ City _____

State _____ Zip _____

State _____ Zip _____

Phone _____

Phone _____

FAX _____

FAX _____

Location (address or general vicinity) _____

Tax Map Number(s) _____

Area Proposed for Rezoning _____ acres

Current Zoning _____ Proposed Zoning _____

Current Use of Property _____

Provide Written Justification for This Request, on an additional sheet, which documents consistency with the Municipality's Comprehensive Plan. _____

Is public sewage/water available to this property? _____

Indicate Ownership of Subsurface Rights to Property _____

Has the property ever been mined? _____

The following must be included with the application:

- Copy of Westmoreland County Tax Map with Properties within 200 feet _____
- Names and Mailing Addresses of Property Owners within 200 feet _____
- Legal Description of the Property _____
- Copy of Deed or Sales Agreement to Verify Ownership _____
- Agent Authorization (if applicant is not owner) _____
- Filing Fee _____

I, the undersigned, do hereby certify to the best of my knowledge that all information indicated on and attached to, the application is true and correct.

APPLICANT'S SIGNATURE _____

DATE _____

If applicant is not the property owner, an Agent's Authorization Form must be attached

STAFF USE ONLY	
File Number _____	Received by _____
Date Received _____	Complete Application Date _____
Payment Type _____	Fee Amount _____
60-Day Hearing Deadline _____	Planning Commission Public Meeting _____
Planning Commission Review _____	Planning Commission Recommendation _____
Council Public Hearing _____	45-Day Decision Deadline _____
Council Review _____	Council Decision _____