



ROSS TOWNSHIP

1000 Ross Municipal Drive

Pittsburgh, PA 15237

Phone: (412) 931-7055 Fax: (412) 931-3508

CONDITIONAL USE OR REZONING APPLICATION

PROPERTY INFORMATION

Property Address: _____ Zoning District: _____ Ward: _____
Owner's Name: _____ Parcel #: _____ - _____ - _____
Address: _____ Phone: _____
City: _____ State: _____ Zip: _____ Fax: _____

APPLICANT INFORMATION

Name: _____ Email: _____
Address: _____ Phone: _____
City: _____ State: _____ Zip: _____ Fax: _____

What is the applicant's interest in this application? Owner Agent Lessee Other _____

Date of Application

Signature of Applicant

CONDITIONAL USE INFORMATION (if applicable)

The description of the property in this application is as follows:

Present use of Property: _____ Lot Size: _____ Acres / sq ft
Proposed use of property: _____

REZONING INFORMATION (if applicable)

The description of the property in this application is as follows:

Present Zoning Classification: " _____ " - _____ District
Proposed Zoning Classification: " _____ " - _____ District

I / we believe that the Planning Commission should approve this request because:

STATEMENT OF TRUTH (For all applications)

COMMONWEALTH OF PENNSYLVANIA COUNTY OF ALLEGHENY

Deponent, being duly sworn, says they are the:

Owner of record of the property for which this application is made, and that all the statements and data furnished with this application are true and correct. I am also aware that independent engineering review fees are my responsibility and an escrow fee will be collected at the time of application and may have to be replenished if all funds are exhausted.

Authorized agent for the owner of record of the property for which this application is made and as such has express authority to bind such owner to all terms and conditions set forth by Ross Township pursuant to this application, and that all statements and data furnished with this application are true and correct. I am also aware that independent engineering review fees are my responsibility and an escrow account fee will be collected at time of application and may have to be replenished if all funds are exhausted.

Sworn to and subscribed before me this _____ day of _____, 20____.

Notary Public

Applicant Signature

Applicant Printed Name

DIRECTIONS FOR FILING

Twelve (12) collated sets of this application and all other pertinent information (survey, site plan, drawings, photographs, etc) are required to be submitted to the Community Development department **twenty-one (21)** days prior to the Planning Commission meeting. All specifications/drawings must be prepared and sealed by a licensed engineer, architect or land surveyor. Please refer to the checklist on the reverse side of this application to insure proper submittals for rezoning. Any information left blank on this application will result in your application being denied and returned to the applicant. Please note that the correct fee must be paid with this application.

FILING FEES

Conditional Use Application: \$300.00

Rezoning Application: \$500.00 + \$2,000.00 escrow

REZONING CHECKLIST

Twelve (12) sets of plans must be submitted showing the following:

- _____ 1. Names of all abutting land areas and uses; names of owners of adjacent properties
- _____ 2. Key map for purpose of locating property
- _____ 3. Total tract boundaries and statement of total acreage (metes and bounds description)
- _____ 4. Zoning data - both existing and proposed
- _____ 5. Contour lines
- _____ 6. Location and elevation
- _____ 7. All existing sewer lines, water lines, fire hydrants, utility transmission lines, bridges, railroads, water courses, etc.
- _____ 8. All existing buildings or other structures
- _____ 9. All existing streets, thoroughfares and traffic patterns
- _____ 10. Copies of existing and proposed deed restrictions
- _____ 11. Impact statements and community advantage statement
- _____ 12. Preliminary commitment from responsible lenders
- _____ 13. Anticipated schedule of development
- _____ 14. Agreements, provisions and covenants
- _____ 15. Twelve (12) copies of site survey, containing surveyor's seal, number, name and address
- _____ 16. Location of all proposed structures
- _____ 17. Location of parking areas and traffic zones
- _____ 18. **Agree to replenish escrow when account falls below \$100.00**

DO NOT WRITE BELOW THIS LINE - TOWNSHIP USE ONLY

Fee: \$ _____

Escrow: \$ _____

Application accepted: _____ Date: _____

ROSS TOWNSHIP ZONING OFFICER

Planning Commission #:		Invoice #:	
Public Hearing Date:		Check #(s):	
Date Hearing Advertized:			
Date agenda mailed to abutting property owners:		Date property posted:	