

**TOWNSHIP OF ROSTRAVER – BOARD OF COMMISSIONERS**  
**APPLICATION FOR ZONING CHANGE**

Application is hereby made for a Zoning Change and the following information is submitted:

1. Owner's Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_

2. Property Information:  
Attach a sketch of the property showing property lines with footage and bearings and including streets, roadways and existing buildings.

Attach a deed description for advertising.

Deed is recorded in Recorder's Office of Westmoreland County at Deed Book Vol. \_\_\_\_\_, Page \_\_\_\_\_.

Tax Map No.: 56-\_\_\_\_\_

3. Present Zoning: \_\_\_\_\_

4. Requested Zoning Change: \_\_\_\_\_

5. Present Use of Premises: \_\_\_\_\_

6. Proposed Use: \_\_\_\_\_

DATE: \_\_\_\_\_

OWNER'S SIGNATURE

DATE: \_\_\_\_\_

APPLICANT'S SIGNATURE IF DIFFERENT FROM OWNER

ADDRESS: \_\_\_\_\_

7. **Submit \$600.00 with each application. The additional cost of legals "Proof of Publication" must be paid in full prior to Public Hearing. Our office will notify you of the cost of publication. Make checks payable to Rostraver Township.**

8. **THE ABOVE ITEMS AND ALL SUPPORTING DOCUMENTS NEED TO BE COMPLETED BEFORE THIS REQUEST WILL BE FORWARDED TO THE WESTMORELAND COUNTY PLANNING DEPARTMENT FOR A THIRTY (30) DAY REVIEW PERIOD. ONCE THE COUNTY HAS REVIEWED THE PROPOSAL, A PUBLIC HEARING WILL BE SCHEDULED AT THE NEXT REGULARLY SCHEDULED MEETING OF THE BOARD OF COMMISSIONERS.**

For Office Use Only

Date Received: \_\_\_\_\_

Fee Received: \_\_\_\_\_

By: \_\_\_\_\_

**NOTICE: THE INFORMATION IN THIS DOCUMENT IS SUBJECT TO DISCLOSURE.**