



# Borough of Baldwin

3344 Churchview Avenue • Pittsburgh, PA 15227 • 412-882-9600 • FAX 412-942-0777 • [www.baldwinborough.org](http://www.baldwinborough.org)

## 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            |  |

### **Applicant**

|                      |  |
|----------------------|--|
| Name of Applicant    |  |
| Address of Applicant |  |
| Telephone No.        |  |
| Email Address        |  |

### **Landowner**

|   |  |
|---|--|
| Name of Landowner (if different from applicant) |  |
| Address of Landowner                            |  |
| Telephone No.                                   |  |
| Email   |  |

**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.

### **THE PERSON WHO HAS AUTHORITY TO REPRESENT APPLICANT/OWNER WITH WHOM PRIMARY CONTACT SHOULD BE MADE ON THIS PLAN:**

|               |  |
|---------------|--|
| Name          |  |
| Address       |  |
| Telephone No. |  |
| Email         |  |

Has there been a previous application for a conditional use submitted for this property?

Yes     No

|  |
|--|
| If yes, give date when said previous conditional use was submitted and the results (granted or denied).<br>Date _____                |
| Results _____  |
| Does applicant consent to on-site observation by Municipal Officials and/or appointees?<br>____ Yes ____ No                          |
| Written Statement of Compliance with Applicable Standards and Criteria of Municipal Zoning Ordinance:<br>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.

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Signature of Applicant

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Date

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### MUNICIPAL OFFICE USE ONLY

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

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

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

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