

THE BOROUGH OF SEWICKLEY REZONING APPLICATION



Date: _____

Property Block and Lot Number: _____

Company Name: _____

Applicant name: _____ Phone: _____

Applicant address: _____ Email: _____

Property Owner: _____

Street Address of Property for Rezoning: _____

Current Zoning District: _____ Proposed Zoning District: _____

Current/prior use of the building/land: _____

Proposed use of the building/land: _____

Dimensions of Property to be Rezoned: _____

Reason for Rezoning Request: _____

Adjacent Properties Zoned: _____

A fee of \$500.00 has been set by the Sewickley Borough Council for a zoning district change to cover costs of advertising, the public hearing, etc.

\$ _____ paid on _____, 20_____.

Method of Payment: _____

Signature of Property Owner: _____

Date: _____

Attachments:

_____ Petition signed by affected property owners

_____ Zoning Map of area and adjacent properties

**If more than one property involved, attach additional sheet with lot and block number, name and address of owners of all the property affected.*