



ZONING PERMIT APPLICATION
BOROUGH OF MECHANICSBURG

36 West Allen Street
Mechanicsburg, PA 17055
Phone: (717) 691-3315 Fax: (717) 691-3312
e-mail: cressler@mechanicsburgborough.org
Web Page: mechanicsburgborough.org

DATE: _____

Application is hereby made to the Borough of Mechanicsburg for a Zoning Permit in conformity with the requirements of Zoning Ordinance No. 465 and any amendments thereto for the following work:

Property Owner: _____

Address of Property: _____

Is the Property in the Historic District Yes No

Contact Name and Phone Number: _____

Map Parcel Number: _____

Description of work: _____

New Construction Additions Fences Sheds < 160 Sq. Ft. Pools

Signs: How many signs _____

Will the sign(s) be illuminated: Yes No

Square footage of proposed sign _____

Type of Sign proposed _____ (i.e. Wall Sign, Free Standing Sign, Projection Sign, etc.)

Please provide a sketch of the proposed signage. A photograph of the signage will be required prior to the sign being installed.

_____ Existing Units _____ Proposed Units

_____ Existing Stories _____ Proposed Stories

_____ Existing Exterior Material _____ Proposed Exterior Material

_____ Existing Building Coverage (Sq. Ft.) _____ Proposed additional Coverage (Sq. Ft.)

Lot Size _____ X _____ Total Square Footage (Lot) _____

_____ Existing Parking Spaces _____ Proposed Parking Spaces _____ Total Spaces

Estimated Cost of Proposed Work: _____

Property Use:

Presently: _____ Proposed: _____

DIMENSIONAL PLOT PLAN MUST BE SUBMITTED SHOWING PROPOSED WORK AND EXISTING STRUCTURES

Name of: Lessee _____ Phone: _____

Mailing Address: _____

Name of Contractor: _____ Phone: _____

Mailing Address: _____

Signature of Applicant

(Please Complete if not listed above)

Name of Applicant: _____

Mailing Address: _____

Phone: _____ Fax: _____

e-mail: _____

The applicant is responsible to verify that this permit is not in conflict with any deed covenants or restrictions on this parcel and does not conflict with any property owner's association guidelines that may apply to the property. All permits may be appealed within 30 days of issuance by any aggrieved party.

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To be completed by Zoning Officer

Zoning District: _____ Permit # _____ Permit Fee _____

Does the applicant:

Have a use appropriate for district:	Yes	No
Met the requirements for off street parking:	Yes	No
Exceed the allowable lot coverage:	Yes	No
Have sign of allowable size:	Yes	No

Application Rejected: _____ Date: _____

Application Approved: _____ Date: _____

Referred to: **Planning Commission Zoning Hearing Board Borough Council HARB**