

Borough of Highspire
640 ESHELMAN STREET
HIGHSPIRE, PA 17034
Office (717) 939-3303 - Fax (717) 939-3371

APPLICATION FOR ZONING PERMIT

IMPORTANT - Applicant to complete all items in Sections: I, II, III, & IV

| | |
|---|---------------------------|
| I. PROPERTY INFORMATION - Use additional sheets and/or documentation as necessary. | |
| 1. Property Location: _____ <small>(Number Street City State Zip)</small> | |
| 2. Tax Parcel Number: _____ | 3. Zoning District: _____ |
| 4. Current Use of Property <input type="checkbox"/> Assembly <input type="checkbox"/> Business <input type="checkbox"/> Education <input type="checkbox"/> Factory Industrial <input type="checkbox"/> High Hazard <input type="checkbox"/> Institutional <input type="checkbox"/> Mercantile <input type="checkbox"/> Storage <input type="checkbox"/> Residential Type: _____ <input type="checkbox"/> Utility & Accessory | |
| 5. If Vacant, Most Recent Use of Property: _____ | |
| 6. Date Property Vacated (if known): _____ | |
| 7. Current Use Permitted By: <input type="checkbox"/> By Right <input type="checkbox"/> Special Exception <input type="checkbox"/> Conditional Use <input type="checkbox"/> Prior Variance - Authorizing Ordinance Section: _____ Date Granted: _____ | |
| 8. Date of Purchase by Current Owner: _____ <small>Month , Date, Year</small> | |
| 9. Is the Property <input type="checkbox"/> Owner Occupied <input type="checkbox"/> Rental Property | |
| 10. Identify Lot Dimensions: (Width x Depth in Feet) _____ _____ | |
| 11. Identify Existing Improvements on Lot: (structures, etc.) _____ _____ _____ | |
| 12. Identify Existing Signs on Lot: _____ _____ | |

II. PROPOSED PROJECT INFORMATION

1. Proposed Use of Property:

- Assembly Business Education Factory Industrial
 High Hazard Institutional Mercantile Storage
 Residential Type: _____ Utility & Accessory

2. Proposed Use Permitted By:

- By Right Prior Variance Special Exception
 Conditional Use Authorizing Ordinance Section: _____

III. PROPOSED WORK - Describe in detail the proposed project. Use additional sheets and/or documentation as necessary.

IV. IDENTIFICATION - To Be Completed By All Applicants.

| Name | Mailing Address (Number, Street, City, State, and Zip) | Telephone No. | Fax No. |
|---------------------------|---|---------------|---------|
| Owner or Lessee | | | |
| Builder | | | |
| Architect and/or Engineer | | | |

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and we agree to conform to all applicable laws of this jurisdiction.

| | | |
|------------------------|---------|------------------|
| Signature of Applicant | Address | Application Date |
|------------------------|---------|------------------|

Contractors Building License Number:

Other Information:

