



Zoning Permit Application

Borough of Mechanicsburg

36 West Allen Street

Mechanicsburg, PA 17055

Phone: (717) 691-3310

Email: codes@mechanicsburgborough.org

Webpage: www.mechanicsburgborough.org

Date: _____

Map Parcel Number: _____

Application is hereby made to the Borough of Mechanicsburg for a Zoning Permit in conformity with the requirements of Zoning Ordinance No. 1112 and any amendments thereto for the following work.

Official Use Only

Date Received: _____

Received By: _____

Complete: Yes No

FEE \$ _____ CK# _____

Property Owner: _____

Address of Property: _____

Contact Name: _____ Phone Number: _____

Name of Contractor: _____ Phone Number: _____

Contractor Mailing Address: _____

Description of Work/Proposed Use: _____

FALSE, INACCURATE, INCOMPLETE, OR MISLEADING INFORMATION WILL BE CAUSE FOR THE DENIAL OR IMMEDIATE REVOCATION OF ANY ISSUED PERMIT. ANY CHANGES TO THE DESCRIPTION OF WORK LISTED ON THIS APPLICATION MUST BE REPORTED TO THIS OFFICE IMMEDIATELY TO VERIFY ZONING COMPLIANCE

Is the Property in the Historic District? Yes No

If so, has HARB approval been obtained for project? Yes No In Process

Signs: How Many Signs _____ Will the Sign(s) be Illuminated? Yes No

Square Footage of Proposed Sign(s) _____ Type of Sign(s) Proposed? _____

(Example: 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.

Commercial signs require a building permit prior to installation.

Existing Units _____ Proposed Units _____
Existing Parking Spaces _____ Proposed Parking Spaces _____ Total _____
Existing Building Coverage (Sq. Ft.) _____
Proposed Additional Coverage (Sq. ft.) _____
Lot Size _____ X _____ Total Square Footage (Lot) _____
Property Use Currently _____ Proposed _____
Estimated Cost of Proposed Work: \$ _____

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

Name of Lessee: _____ Phone: _____
Mailing Address: _____

Signature of Applicant: _____ **Date:** _____

SIGNATURE INDICATES THAT ALL INFORMATION IS TRUE AND CORRECT. IF AT ANYTIME THE PROJECT SCOPE CHANGES AND IS NOT REPORTED OR ANY INFORMATION IS FOUND FALSE IT WILL RESULT IN THE IMMEDIATE REVOCATION OF THE ZONING PERMIT AND POSSIBLY PENALTIES AND FINES.

Please Complete the Following if *NOT* Listed Above:

Name of Applicant: _____ Phone: _____
Mailing Address: _____
Email: _____ Fax: _____

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.

To be Completed by Zoning Officer

Zoning District: _____ Permit # _____ Permit Fee _____

Does the Applicant:

| | | |
|---|--|------------------------------|
| Have use appropriate for district? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Meet the requirements for off street parking? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Exceed the allowable lot coverage? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Have sign of allowable size? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> N/A |

Application Rejected: _____ Date: _____

Application Approved: _____ Date: _____

Referred to:

- Planning Commission** **Zoning Hearing Board** **HARB** **Borough Council**
 Application Incomplete

Items Needed: _____ Date Received: _____