Borough of Highspire

640 ESHELMAN STREET
HIGHSPIRE, PA 17034
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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: _____
(Number Street City State Zip)

2. Tax Parcel Number:

3.Zoning District:

4. Current Use of Property
❑ Assembly ❑ Business ❑ Education ❑ Factory Industrial
❑ High Hazard ❑ Institutional ❑ Mercantile ❑ Storage
❑ Residential Type:_____ ❑ Utility & Accessory

5. If Vacant, Most Recent Use of Property:

6. Date Property Vacated (if known):

7. Current Use Permitted By:

❑ By Right ❑ Special Exception ❑ Conditional Use

❑ Prior Variance - Authorizing Ordinance Section:_____ Date Granted:_____

8. Date of Purchase by Current Owner: _____
Month , Date, Year

9. Is the Property ❑ Owner Occupied ❑ 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.	Email Address
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

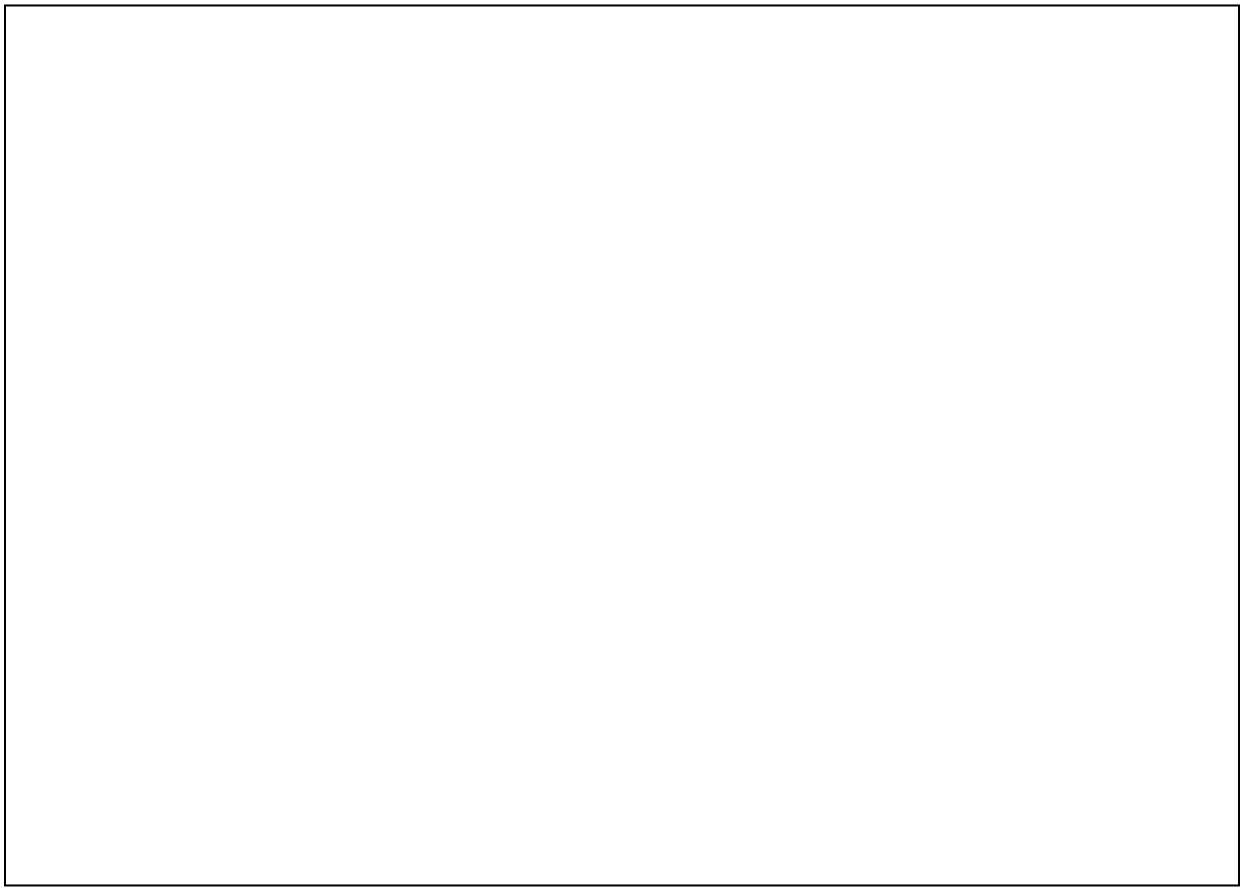
Contractors Building License Number:

Other Information:

DO NOT WRITE BELOW THIS LINE - OFFICE USE ONLY

V. VALIDATION	
1. Zoning Permit Number:	
2. Date Zoning Permit Issued:	
3. Date Zoning Permit Expires:	
4. Zoning Permit Fee $	
5. Flood Hazard Area:	
6. Approved by:_____ ZONING OFFICER	_____ DATE
VI. ZONING PLAN EXAMINERS NOTES	
DISTRICT:	
USE:	
FRONT YARD:	
SIDE YARD:	SIDE YARD:
REAR YARD:	
NOTES:	

PROPERTY LINE – STREET – ALLEY



1. Dimensions of lot size and shape.

2. Existing Building drawn with solid lines and proposed construction with dotted lines.

3. Dimensions of all building area, roofed areas, and all accessory buildings.

4. Dimensions of all paved areas, i.e. private sidewalks, driveways, steps, slabs, and other impervious surfaces.

5. Notation if property is a corner lot.

6. Exact location for all fences and distance from property line, and a description of the type of material to be used along with the height of the proposed fence.

7. Plot plan must be drawn to scale, i.e. 1” = 20’.