

Borough of Highspire

640 ESHELMAN STREET
HIGHSPIRE, PA 17034

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:	<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:	(Month, Date, Year)	
9.	Is the Property Owner Occupied or Rental/Lease 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:	<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	
2.	Proposed Use Permitted By:	<input type="checkbox"/> By Right <input type="checkbox"/> Prior Variance <input type="checkbox"/> Special Exception <input type="checkbox"/> 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
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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.	Approved by: _____ <div style="display: flex; justify-content: space-around; width: 100%;"> ZONING OFFICER DATE </div>

VI. ZONING PLAN EXAMINERS NOTES

DISTRICT:

USE:

FRONT YARD:

SIDE YARD:

SIDE YARD:

REAR YARD:

NOTES:

