



**Zoning Permit Application**  
**Borough of Mechanicsburg**  
36 West Allen Street  
Mechanicsburg, PA 17055  
Phone: (717) 691-3310  
Email: [codes@mechanicsburgpa.org](mailto:codes@mechanicsburgpa.org)  
Webpage: [www.mechanicsburgpa.org](http://www.mechanicsburgpa.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: \_\_\_\_\_