Permit #_____

ZONING PERMIT APPLICATION

Borough of Camp Hill
2145 Walnut Street, Camp Hill, PA 17011
Tele: (717) 737-3457 Fax: (717) 730-3961

www.camphillborough.com email: cmiller@camphillborough.com

ATTENTION: Information provided on this application must be complete. With the exception of signatures, all information must be printed legibly. Incomplete or illegible applications will be returned to the applicant.

Fee: $58.00 (due with application submission)

PART I: **SITE DESCRIPTION**

Work Site Address _____ Phone ____ - ____ - _____

Tax Map #: 01- _____ - _____ - _____ *(this can be found on your deed, tax bill or by visiting gis.ccpa.net/PropertyMapper)*

Property Owner Name _____

Signature of Property Owner **(REQUIRED)** _____ Date _____

PART II: **PURPOSE OF APPLICATION**

- To erect or alter a building, structure or portion thereof (new construction).
- To demolish a building, structure or portion thereof.
- To use or change the use of a building or land.
- To change or extend a non-conforming use.

Briefly describe the purpose of this application:

_____

_____

PART III: **APPLICANT INFORMATION**
(If different than owner)

Name of business or person _____

Address _____

Applicant's Signature _____ Date _____

E-mail Address _____ Phone ____ - _____ - _____

PART IV: **PLOT MAP & CALCULATIONS**

In this area, sketch your property showing all structures including driveways, walkways, etc. and their dimensions. Also, sketch what you propose to erect/build, its dimensions and setbacks to property lines. If there is not sufficient space below, submit sketch on a separate piece of paper.

Complete the following calculations (not required for change-of-use, shed or fence):

Total lot area (sq ft): _____
Total pervious coverage (sq ft) _____
Total pervious coverage (%) _____
Total impervious coverage (sq ft) _____
Total impervious coverage (%) _____

---------- Zoning Official Section ----------

PART V: **DISPOSITION**

Zoning District	**Application Fee Rcvd Date**
Approval Date	**Zoning Officer Signature**
Denial Date	**Zoning Officer Signature**
Denial Based on Section(s)	
Application Contingent Upon	**( ) Conditional Use** **( ) Special Exception**
Appealed	**Disposition** **Date**

APPLICATION # _____ APPENDED TO BUILDING PERMIT # _____

Comments:

_____

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