

BOROUGH OF MOUNT HOLLY SPRINGS

200 Harman Street Mt. Holly Springs, PA 17065

(717) 486-7613 www.mhsboro.org/zoning-and-codes

Permit Number: _____

APPLICATION ZONING PERMIT

	Ow:	ner Information			
Full Name:					
	Last	First	M.I.		
Address:	0				
	Street Address			Apartment/Unit #	
	City	State	ZIP C	ode	
	City	State	211 0	ouc	
Phone Number	ех	rt.	Email Address		
	Cont	ua atau Informatia			
	Cont	ractor Informatio)11		
Site Address			Tax Pai	cel Number (PIN)	
Principal Contractor	Contractor Phone No	Contractor Phone Number			
Contractor Address		Licensing Number	Insurai	nce Carrier	
	Tyne	of Work or Impr	ovement		
F	-			Other	
Fence	Shed/Garage (Under 1,000 sq. ft.)	_	Patio	Other	
If Other, explain:					
Estimated Cost of Co	onstruction <u>(reasonable fair market value n</u>	nust be entered)(not to incl	ude cost of installation)		
Structural Cost:	Electrical:	Plumbing:	HVAC:		
Energy:	Fire Protection:		Total Cost of Project: \$		
	Buildin	g Description (If	applicable)		
Building Dimensions:	sq. ft		sq. ft		
	Existing area Proposed	Tot	al Building Area	Area of Largest Floor	
	ft. Height of Structure Above Grade	Number of Stories Above	Grade		
	- ,	•			
	Change	e in Use (If applica	ible)		
Existing Usage		Zoning Section		Date Last Used	
Dranged Harra		Zanina Carlla			
Proposed Usaae		Zonina Section	i		

	Zoning Info	ormation	
Zoning District:	Zoning Section	Applicable to Project:	
Setbacks: (All setbacks are measured from the str	eet right-of-way line)		
AREA	REQUIRED		PROVIDED
FRONT		FT.	FT.
SIDE		FT.	FT.
SIDE		FT.	
REAR		FT.	FT.
Impervious Coverage: Existing impervious area of construction including	structures, driveway	s, parking areas, sidewalks,	patios, etc. sq. ft.
Proposed impervious area of construction:			sq. ft. (1 acre is equal to 43,560 sq. ft
	Flood Pla	ain	
	11004110		
Owner/Agent shall verify that any proposed con- Pennsylvania Flood Plain Management Act (Act 2	•	•	ts of the National Flood Insurance Program and th
Site located within an identified flood prone area	? Yes	No	
	Historic	District	
If any construction is w	vithin a Historic Distri	ict, a certificate of appropr	iateness may be required.
Is the site located within a Historic District? Yes	No If ye	s, explain:	
	Acknowl	edgement	
PA Act 45 (Uniform Construction Code) and any addition applicant assumes the responsibility of locating all prop construction documents shall not be construed as authorany other governing body. The applicant certifies he/sh Application for a permit shall be made by the owner or connection with the proposed work.	nal approved building co perty lines, setback lines, prity to violate, cancel on he understands all the a lessee of the building or ode administrator's aut	nde requirements adopted by t easements, rights-of way, flo set aside any provisions of the oplicable codes, ordinances an structure, or agent of either, o horized representative shall ho	e codes or ordinances of Mount Holly Springs Borough or d regulations.
uny reasonable nour to enjoyee the provisions by the col	ucis, applicable to such	<i></i>	
Signature of Owner or Authorized Agent	Print Name of (Owner or Authorized Agent	Date
Address if different from above	Contact Number if different from above		
	Official U	Ise Only	
Municipal Official Signature	Date	e Received	



MOUNT HOLLY SPRINGS BOROUGH 200 HARMAN STREET. MT. HOLLY SPRINGS, PA 17065 (717) 486-7613 MHSBoro.org

AFFIDAVIT OF EXEMPTION WORKERS COMPENSATION INSURANCE

YEAR	
The undersigned affirms that he/she is not required to provisions of the Pennsylvania's Workers Compensati	
Property owner is performing the work. If any work pursuant to the Zoning/Building Permit, Con Compensation Insurance to the municipality. Homeow this requirement.	
Contractor has no employees. Contractor proto perform work pursuant to the Zoning/Building Pernoto the municipality.	rohibited by law from employing any individual nit unless contractor provides proof of Insurance
Religious Exemption under the Workers Cocontractor are exempt from the Workers Compensation letters for all employees).	ompensation Law Applies. All employees of n Insurance (Attach copies of religious exemption
Signature of Owner or Agent	Printed Name of Owner or Agent
Date	