



(PRINT or TYPE)

ZONING APPLICATION

SUBJECT PROPERTY ADDRESS:				NO.		STREET				
NAME OF OWNER					Email			PHONE NO		
ADDRESS			CITY			STATE			ZIP	
APPLICANT NAME					Email			PHONE NO		
ADDRESS			CITY			STATE			ZIP	
APPLICANT SIGNATURE							DATE			
NAME OF CONTRACTOR					Email			PHONE NO		
ADDRESS			CITY			STATE			ZIP	
<input type="checkbox"/> New Building <input type="checkbox"/> Addition <input type="checkbox"/> Accessory Structure <input type="checkbox"/> Curb / Sidewalk <input type="checkbox"/> Demolition <input type="checkbox"/> Land Use <input type="checkbox"/> Other										
DESCRIPTION OF PROPOSED WORK: ***3 COPIES OF SITE/PLOT PLANS MUST BE SUBMITTED BY APPLICANT***										
Escrow Amount:			Date Submitted:			Check #				
OFFICE USE ONLY										
Zoning District: (Circle District) LD-R MD-R MHD-R HD-R INST RO RC TC TC (1) GC (1) GC I- (Industrial)					Is a variance required for this project/use? Yes No Have previous variances been granted? Yes No					
Is Use Permitted in this District Yes <input type="checkbox"/> No <input type="checkbox"/>					If Yes, when?					
Zoning District Requirements Lot Square Ft: Building Sq Ft: Width:					For what?					
Front Yard: Rear Yard:					Date Applied to Zoning Hearing Board:					
Side Yard: Impervious Surface: %					Date Hearing Held: Decision: Granted Denied					
Number of Parking Spaces Required:					Special Exception Variance					

*It is the obligation and responsibility of every person applying for a permit or license to be aware of the regulations of the Borough of Fountain Hill surrounding the issuance of the permits or licenses, including the potential additional costs which may accrue. **INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED***