

**Borough of Highspire**  
 640 ESHELMAN STREET  
 HIGHSPIRE, PA 17034  
 Office (717) 939-3303 - Fax (717) 939-3371

**APPLICATION FOR ZONING PERMIT**

**IMPORTANT** - Applicant to complete all items in Sections: I, II, III, & IV

|  |                                      |  |  |   |
|--|--------------------------------------|--|--|---|
| <b>I. PROPERTY INFORMATION</b> - Use additional sheets and/or documentation as necessary.  |                                      |  |  |   |
| 1. Property Location: _____<br><small>(Number                                  Street                                  City                                  State                                  Zip)</small> |                                      |  |  |   |
| 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: _____<br><small>Month , Date, Year</small>   |                                      |  |  |   |
| 9. Is the Property <input type="checkbox"/> Owner Occupied <input type="checkbox"/> Rental Property  |                                      |  |  |   |
| 10. Identify Lot Dimensions: (Width x Depth in Feet)<br><br>_____<br><br>_____   |                                      |  |  |   |
| 11. Identify Existing Improvements on Lot: (structures, etc.)<br><br>_____<br><br>_____<br><br>_____   |                                      |  |  |   |
| 12. Identify Existing Signs on Lot:<br><br>_____<br><br>_____  |                                      |  |  |   |



