

Borough of Mount Penn
200 North 25th Street
Reading, PA 19606
Phone: 610-779-5151 Fax: 610-779-5221

ZONING APPLICATION

To be Completed by Applicant (please print or type)

1. (a) OWNER OF PROPERTY _____ (b) PHONE # _____
(c) OWNER'S ADDRESS _____
2. (a) APPLICANT _____ (b) PHONE # _____
(c) APPLICANT'S ADDRESS _____
4. (a) ADDRESS OF PROPERTY _____ (b) ZONING CLASS. _____
5. REASON FOR PERMIT:
(a) Erect a structure (type) _____ (b) Place or erect a sign
(c) Addition or alteration (type) _____ (d) Change the use (complete Section 6)

If any construction is proposed, applicants are required to submit a plot plan showing dimensions of lots, locations of buildings/structures on lots, dimensions of front, side, rear yards, courts and floor plans in accordance with the ordinances of the Borough of Mount Penn.

6. (a) EXISTING USE _____
(b) PROPOSED USE _____
(c) NUMBER OF OFF-STREET PARKING SPACES _____

I hereby certify that the above information supplied hereon and herewith is true and correct to the best of my knowledge. I understand that misrepresentation of facts and conditions and approvals granted through malice or negligence shall not be deemed a legal permit.

SIGNATURE _____ DATE _____

ABOVE INFORMATION MUST BE SUBMITTED ALONG WITH FILING FEE PRIOR TO REVIEW OF APPLICATION.

Filing Fee \$ 100.00

Received by _____

I hereby acknowledge that this permit application complies with Borough Zoning Ordinance.

ZONING OFFICER _____ DATE _____