

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)

OWNER OF PROPERTY _____

PHONE # _____ Email: _____

OWNER'S ADDRESS _____

APPLICANT _____ APPLICANT PHONE # _____

APPLICANT'S ADDRESS _____

APPLICANT EMAIL _____

ADDRESS OF PROPERTY _____ ZONING CLASS _____

REASON FOR PERMIT:

Erect a structure (type) _____ Place or erect a sign _____

Addition or alteration (type) _____ Change the use (complete Section BELOW)

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.

EXISTING USE _____

PROPOSED USE _____

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 _____ RECEIVED BY _____

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

ZONING OFFICER _____ DATE _____