

If you have any questions about this Application, please contact the Zoning Officer. 717-448-4884
(Date & Initials

Application Fee \$ _____
Date Paid _____

Reviewed by Zoning Officer on:

ZONING HEARING BOARD APPLICATION
BOROUGH OF MOUNT HOLLY SPRINGS

Name and Address of Applicant: _____

TELEPHONE # _____

Address of Property _____

_____ An appeal of a determination of the Zoning Officer issued on _____

_____ A special exception

_____ A variance

Which pertains to Mount Holly Springs Borough Zoning Ordinance:

Article _____ Section _____

Article _____ Section _____

Article _____ Section _____

Date: _____

Signature of Applicant or Representative