

FILE # _____

DATE: _____

APPLICATION FOR ZONING COMPLIANCE

City of Lancaster, Pennsylvania

120 North Duke Street • P.O. Box 1599 • Lancaster, Pennsylvania 17608-1599

Telephone (717) 291-4736 • Fax (717) 291-4721

APPLICANT

Name: _____

Home Mailing Address: _____

Phone #: _____ E-Mail: _____

Business Name: _____

Address: _____

Phone #: _____

PROPERTY

Property Address: _____

Zoning District: _____ HARB: Yes _____ No _____ Design Review: Yes _____ No _____

Owner Name: _____

Owner Address: _____

DESCRIPTION OF USE

Use Category: _____

Type of Product/Service: _____

Square Footage of Use/Space: _____

Previous Use: _____

Have you received approvals from: Stormwater __ Codes Compliance __ Engineering __

I, _____, the undersigned, certify that the information I have provided for this Application for Zoning Compliance is true and correct. In addition, I agree to comply with all terms and conditions of applicable City Codes and Approvals.

Applicant/Authorized Agent

Date

OFFICIAL USE ONLY

Zoning Compliance _____ No Impact Home Occupation _____ General Home Occupation _____

Zoning Hearing Board Appeal No. _____ Fee \$50 _____

Approved: _____ Date: _____