

Date: \_\_\_\_\_  
By: \_\_\_\_\_

Land Use Permit: \_\_\_\_\_  
Fee / Check-Cash: \_\_\_\_\_

**LAND USE PERMIT APPLICATION  
BOROUGH OF MERCERSBURG  
FRANKLIN COUNTY, PENNSYLVANIA, 17236  
Phone (717) 328-3116 Fax (717) 328-3117**

The undersigned hereby applies for a Land Use Permit as per Ordinance 6-2, to build, erect, remodel or demolish a structure in Mercersburg Borough. The proposed construction/demolition of a building(s) must include a schematic plot plan showing Boundary Lines and location of existing or proposed building(s). Application for a Construction Permit will not be accepted until a Land Use Permit is issued by Mercersburg Borough. It will be the applicant's responsibility to contact **Pennsylvania Municipal Code Alliance (PMCA), 380 Wayne Avenue, Chambersburg, PA. 17201, phone: (717) 496-4996, fax: (717) 446-0586, to obtain a Construction Permit.**

Upon completion of the project in accord with all applicable codes and application by the undersigned, PMCA will issue a Land Use Occupancy Permit. The structure may not be occupied or used in any way until issuance of a Land Use Occupancy Permit. No Land Use Occupancy Permit shall be granted without a Construction Occupancy Permit. If construction is to extend past one year from the date of this application then a renewal is required under section 8 of Ordinance 6-1 of the Mercersburg Borough Code.

**PART 1- TO BE COMPLETED BY APPLICANT (PLEASE PRINT)**

Applicant Name: \_\_\_\_\_ Property Owner: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Property Address: \_\_\_\_\_

Zoning District: \_\_\_\_\_ Historic District: Yes \_\_\_\_\_ No \_\_\_\_\_

Contractor/Person(s) Performing the Work: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Type of Project / Alteration: \_\_\_\_\_  
New Construction: \_\_\_\_\_ Other: \_\_\_\_\_

Proposed Use: \_\_\_\_\_

Provide a Brief Description of Project: \_\_\_\_\_

Lot Size: \_\_\_\_\_ Building Dimensions: \_\_\_\_\_ Height: \_\_\_\_\_

Parking Spaces: \_\_\_\_\_ Estimated Cost: \_\_\_\_\_ Est. Date of Completion: \_\_\_\_\_

Variances or Special Exceptions Requested:

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PART 2 – TO BE COMPLETED BY BOROUGH PERMIT OFFICIAL

Permit Granted: YES \_\_\_\_\_ NO \_\_\_\_\_ Date Issued: \_\_\_\_\_

Reason for DENIAL:

\_\_\_\_\_

\_\_\_\_\_

Zoning Official Signature: \_\_\_\_\_

CHECK LIST

HARB REVIEW: DATE: \_\_\_\_\_ APPROVED: \_\_\_\_\_ NOT REQUIRED

ZONING HEARING BOARD: DATE: \_\_\_\_\_ APPROVED: \_\_\_\_\_ NOT REQUIRED

WATER AUTHORITY APPROVAL: DATE: \_\_\_\_\_ APPROVED: \_\_\_\_\_ NOT REQUIRED

SEWER AUTHORITY APPROVAL: DATE: \_\_\_\_\_ APPROVED: \_\_\_\_\_ NOT REQUIRED

REVIEW BY BOROUGH ENGINEER: DATE: \_\_\_\_\_ APPROVED: \_\_\_\_\_ NOT REQUIRED

FRANKLIN COUNTY PLANNING: DATE: \_\_\_\_\_ APPROVED: \_\_\_\_\_ NOT REQUIRED

COPY TO CODE OFFICIAL: DATE SENT: \_\_\_\_\_

COPY TO COUNTY TAX ASSESSMENT: DATE SENT: \_\_\_\_\_

2 COPIES PROVIDED TO APPLICANT: DATE: \_\_\_\_\_ / Employee Initials \_\_\_\_\_

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**CONTACT INFORMATION**

**Pennsylvania Municipal Code Alliance**  
**1013 Wayne Avenue**  
**Chambersburg, PA. 17201**

**Phone: (717) 496-4996**

**Fax: (717) 446-0586**

[pmca@pacodealliance.com](mailto:pmca@pacodealliance.com)