

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), 405 Wayne Avenue, Chambersburg, PA. 17201, phone: (717) 377-8350, fax: (717) 485-9314, 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 _____

CONTACT INFORMATION

Pennsylvania Municipal Code Alliance
380 Wayne Avenue
Chambersburg, PA. 17201

Phone: (717) 496-4996

Fax: (717) 446-0586

pmca@pacodealliance.com