

If you have any questions about this Application, please contact the Zoning Officer. 717-486-7615

Application Fee \$ \_\_\_\_\_  
Date Paid \_\_\_\_\_  
Reviewed by Zoning Officer on: (Date & Initials)  
\_\_\_\_\_

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