



**BOROUGH OF MOUNT HOLLY SPRINGS  
CODES/ZONING ENFORCEMENT  
200 Harman Street      Mount Holly Springs  
Pennsylvania 17065**

AN APPLICATION FOR A ZONING HEARING SHALL STATE:

1. Name and address of the applicant.
2. Name and address of owner of the property with deed description.
3. Indication of present zoning in area.
4. Reasons for the request.
5. Plot plan of the Real Estate (9) copies required - plan to show adjoining uses, distances from boundaries for setbacks, etc, screening, parking and access for automobiles, loading.
6. An accurate description of the present building and proposed addition, indicating the size of the proposed improvements, materials, and general plan of construction.
7. Name and mailing address of all adjoining property owners within 300 foot radius.
8. A description of the proposed methods of control of development in sufficient detail to indicate the noise, glare, air pollution, water pollution, fire hazards, traffic congestion and other safety hazards to be produced.
9. Engineering plans and description of the methods to be used for water supply, Treatment and disposal of sewage, wastes, refuse and storm drain
10. An application for a Zoning Hearing on a form prescribed by the Borough.
11. Above information must be received (NO LATER THAN 30 DAYS) prior to hearing. (BOARD MEETS SECOND TUESDAY AT 7:00 PM)
12. Must pay the appropriate fee when you submit the application
13. Fee to go before the Zoning Board is \$ 450.00.



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Name of Applicant: \_\_\_\_\_ Address: \_\_\_\_\_

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Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Date of Appeal issued by Zoning Officer:

Time:

Circle One:            A Special Exception

A Variance

Zoning Ordinance pertaining to appeal:

Article:

Section:

Article:

Section:

Article:

Section:

Article:

Section:

***By signing, I as the applicant attest to all the information provided in this document to be correct and true.***

Signature of Applicant or Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Zoning Officer: \_\_\_\_\_ Date: \_\_\_\_\_



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Applicant's Name: \_\_\_\_\_

Property Location: \_\_\_\_\_

List of property owners and addresses within a 300 foot radius of the aforementioned property

Property Owner	Address	Owners Mailing Address if Different

***By signing, I as the applicant attest to all the information provided in this document to be correct and true.***

Signature of Applicant or Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Zoning Officer: \_\_\_\_\_ Date: \_\_\_\_\_