



City of Harrisburg Zoning Map Amendment Application

*Note: The Planning Bureau must review all applications for completeness.
Please contact Lance Claiborne at 717- 255-6637 or lclaiborne@cityofhbg.com to schedule a meeting.*

Project Name or Plan Title

Primary Property Address

Tax Parcel ID Number

Please List All Property Addresses And Tax Parcel ID Numbers Involved In The Project (Use Additional Sheets If Necessary)

Existing Zoning District(s)

Proposed Zoning District(s)

Please explain the purpose of the project. Provide as much information and be as specific as possible. (Use Additional Sheets If Necessary)

Applicant

Name _____
 Company _____
 Address _____
 Phone _____
 Email _____

Applicant's Status

(Circle One)
 Owner
 Lessee
 Equitable Owner
 Contract Purchaser

Main Contact for the Project

Name _____

Company _____

Address _____

Phone _____

Email _____

Property Owner

Name _____

Company _____

Address _____

Phone _____

Email _____

Items To Be Submitted With This Application:

Failure to do so WILL delay the review process.

- Check made payable to the **“City Treasurer”** in the amount of \$850.
- Twenty-one (21) copies of the plans:
Four (4) sets of **24” x 36”**
Seventeen (17) sets of **11” x 17” or half size**
(Folded plans are appreciated)
- Following the Planning Commission Meeting –
Three (3) sets of 24” x 36” will be provided with any corrections requested by the HPC or City Staff

APPLICANT / OWNER CERTIFICATION

I hereby certify that the proposed request is authorized by the owner of record and that I agree to conform to all applicable laws of this jurisdiction. I understand that any falsification could lead to denial or criminal penalties, or revocation of any permit pursuant to this application. I agree that work will not commence prior to final approval.

Applicant's Signature

Date

Property Owner's Signature

Date |

The owner must sign this application. The applicant signature is required when different from owner