



Borough of Carlisle
 53 W. South Street, Carlisle, PA 17013
 Phone: (717) 240-6930 Fax: (717) 249-5587

ZONING PERMIT APPLICATION

Date: _____

Permit # : _____

Application is hereby made to the Borough of Carlisle for a Zoning Permit in conformity with the requirements of the Carlisle Zoning Ordinance, and any amendments thereto for the following described work:

Property Location: _____	Present Use of Property: _____
Use of Adjoining Lot(s): _____	

Property Owners Name: _____	Phone # _____
Address: _____	
Contractor's Name: _____	Phone # _____
Address: _____	

The undersigned applicant hereby applies for a permit to:

() Construct or erect a new building or structure (i.e. fence, shed).

() Occupancy & use of a building, reconstructed, restored, altered, moved, or any change in use of existing building

() Occupancy, use or any change in the use of the land.

() Any change in the use of a non-conforming use.

Zoning District:	Building size: (sq. ft.)	Lot Area:
# of Employees:	Total # of parking spaces:	Retail floor area:

Proposed Use (specifically describe the nature of the business or use)

_____ **Submitted herewith** (in duplicate) is a scale drawing, fully dimensioned, of the lot showing proposed work and/or structures.

_____ **Submitted herewith** - structural drawings to include: wall section, space consideration & exterior considerations.

General Specifications for New Construction & Additions:

Street Frontage (feet):	Height of Building above Grade Plane (feet):
Front Setback (feet):	Building Coverage (sq. ft.):
Rear Setback (feet):	Impervious Coverage (sq. ft.):
Side Yard Setback(s) (feet):	Lot Area (sq. ft.):

_____	_____
Applicant's Signature	Date

_____	_____
Zoning Officer's Signature	Date

FEE: \$40.00

DATE FEE PAID: _____