# ZONING PERMIT APPLICATION-

Property Parcel #

 30G15-0005--000

Suite #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#  SIGNS/USE for The Outlet Shoppes at Gettysburg

 *Mount Joy Township Zoning Office*

 *902 Hoffman Home Rd. Gettysburg, PA 17325*

*Voice:(717) 359-4500 Email:* *zoning@mtjoytwp.us*Zoning Permit #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| **PROPERTY OWNER’S INFORMATION** |
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| Name: **Delancey Gettysburg Associates, C/O Horizon Group Properties, LP.** | Daytime phone: | Email: |
| Address: **131 Seaway Dr. Suite 220 Muskegon, MI 49444** | (**231) 798- 9100** | **ichartra@horizongroup.com** |

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| **SUITE OCCUPANT’S INFORMATION** |
| Address City State Zip1863 Gettysburg Village Drive Gettysburg, PA 17325 | Zoning District / Use  BPC, COMMERCIAL |
| SUITE # | Name of Store: |  |
| Owner’s Name: | Daytime phone: | Email: |
| Address: City/State/Zip: |  |  |
| Is this a NEW USE/OCCUPANT? YES NO | IF Yes, list the Store name of previous suite occupant:  |
| DESCRIBE PROPOSED NEW BUSINESS/OCCUPANT:(Attach additional sheets if necessary) |
|  |
|  **SIGN(S) INFORMATION** Description of sign(s): (attach sign drawing(s) and location(s) on building)  |
| Type of Sign(Wall Mounted, Illuminated, Other) | Length of Sign | Height of Sign | TOTAL SQ. FT of sign(must be < 15 SQ FT) | Is this sign using a Pre-Existing sign frame & location? |
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|  |  |  |  |  |  |
| **APPLICANT CERTIFICATION** |
| Application is hereby made for a Zoning Permit to erect a sign or make alterations described, and/or change business use of a Suite at the Outlet Shoppes at Gettysburg. Applicant agrees that such work will be done in accordance with plans and specifications submitted, and that it will comply with all provisions of the zoning ordinance and with all other applicable ordinances of Mount Joy Township as well as any county, state and federal regulations. A plot plan showing the exact size and location of the proposed sign as well as all dimensions of the sign and site is attached to this application.By signing this application, I declare that I understand that false statements herein made are subject to the penalties of 18 Pa. C.S. §4904, relating to unsworn falsification to authorities. By signing this application, I acknowledge that I am responsible for paying any actual expenses, in excess of the application fee, that the Township has incurred in processing the application, that such payment(s) are due and payable within 10 business days of the date on the Township’s invoice, and that the Township may refuse to process the current or any new application until such payment(s) have been made. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of Applicant Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name, address, phone # (if not property owner) |
|  | **OFFICIAL USE ONLY** |  |
| Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date Complete App. Accepted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date Zone Permit Issued: | Fee: $\_\_\_\_\_\_\_\_\_\_\_ Date Paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  $\_\_\_\_\_\_\_Cash $\_\_\_\_\_\_\_Check #\_\_\_\_\_\_\_\_\_\_\_ |