

Property Parcel #
30G15-0005--000

Suite #: _____

ZONING PERMIT APPLICATION- 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

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

SUITE OCCUPANT'S INFORMATION

Address 1863 Gettysburg Village Drive	City Gettysburg, PA	State PA	Zip 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?

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 Zone Permit Issued: _____	Fee: \$ _____	Date Paid: _____
Date Complete App. Accepted: _____		\$ _____ Cash	\$ _____ Check # _____