



WRIGHTSVILLE BOROUGH ZONING PERMIT APPLICATION

601 WATER STREET
P.O. BOX 187
WRIGHTSVILLE, PA 17368
PHONE: (717) 252-2768 Ext. 12 or 13 FAX: (717) 252-0725

Map Parcel: _____
District: _____
Fee Paid: \$ _____

PERMIT # _____

Name of Property Owner: _____

Street Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

New Building Addition Alteration Repair Demolition Change of Use

Site Address: _____

Brief Description of Project: _____

Cost of Project: \$ _____ Sq. Footage: _____

General Contractor: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Proof of Insurance (Certificate of Liability)

I hereby make application for a zoning permit under all applicable Ordinances of Wrightsville Borough and hereby certify under penalty or perjury, the facts set forth herein and in the plans submitted herewith are true and correct. I hereby indemnify and hold harmless Wrightsville Borough for any liability arising from the approval of this application and the issuance of any permit. Zoning and building applications may take up to 10 working days for approval.

No construction may begin until the appropriate permits are acquired.

OWNERS Applicant Printed Name: _____

SIGNATURE

REQUIRED Applicant Signature: _____ Date: _____

FOR OFFICIAL USE BELOW THIS LINE

Permit Granted: _____ Permit Denied: _____ Date Issued: _____

Borough Official: _____

Requires Building Code Official Contact