



City of Harrisburg Zoning Map Amendment Application

*Note: The Planning Bureau must review all applications for completeness.
Please contact Jennifer Boyer at 717- 255-6637 or jboyer@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

