



# Borough of Millersville Application for Historic Commission Review

**CHECK LIST:** Zoning Officer will check the items that are to be submitted with the completed application.

- |   |  |
|---|--|
| <input type="checkbox"/> Plot Plan Drawings | <input type="checkbox"/> Brochure        |
| <input type="checkbox"/> Elevation Drawings | <input type="checkbox"/> Material Sample |
| <input type="checkbox"/> Photographs        | <input type="checkbox"/> Color Sample    |
| <input type="checkbox"/> Other (Specify)    |  |

\_\_\_\_\_  
Date of Application

**PLEASE PRINT OR WRITE LEGIBLY**

1. **Owner's Name:** \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 Mailing Address (If different): \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone Number (Day): \_\_\_\_\_

2. **Street Address of Property to be Reviewed (If different):** \_\_\_\_\_

3. **Contractor's Name:** \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 Mailing Address (If different): \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone Number (Day): \_\_\_\_\_

4. **Architect/Engineer (If Applicable):** \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 Mailing Address (If different): \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone Number (Day): \_\_\_\_\_

5. **Property Use (Check all that apply):**  Single Family Residence  Multi-Family Residence  Office  
 Commercial/Retail  Industrial  Institutional  Vacant  Other: \_\_\_\_\_

**Building Type:**  Single-Detached  Duplex  Row  Apartment Building  Townhouse  
 Warehouse  Other: \_\_\_\_\_

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## Official Use Only

**Date of Commission Review:** \_\_\_\_\_

**Approved:** \_\_\_\_\_

**Approved with Comments:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Denied:** \_\_\_\_\_ **Withdrawn:** \_\_\_\_\_ **Conceptual Review:** \_\_\_\_\_

