BOROUGH OF LANGHORNE

BUCKS COUNTY, PENNSYLVANIA
H.A.R.B. Application

Applicant In	aformation:
Name:	
Address:	
Phone:	E-mail:
December Total	£
Property Int	
Owner(s):	
Address:	
TMP#:	
Description	of Work to be Performed and List of Materials to be Used:
Please attach	h 2 copies of materials list and color samples.
Signature:	Date:
	H.A.R.B. meets on the 1st Wednesday of the month at 7:00 p.m.
	in Borough Hall. Chairman Robert Wharton (215) 752-2079
	The next H.A.R.B. meeting will be held on
() H.A.F	R.B. Recommendation of Approval on
	R.B. Recommendation of Approval with changes on
Recor	nmended Changes:
·	
) n.A.	R.B. Recommendation of Denial on

Getting a HARB recommendation of approval does not mean that all of the appropriate zoning, building or code ordinances have been met and that permits are waived. All necessary zoning and building permits must be obtained prior to the start of work.

114 East Maple Avenue Langhorne, Pa 19047



Phone: 215-757-3768 Fax: 215-757-1127