

East Pennsboro Township

Application for Certificate of Use

Business Name: _____ Phone: _____

Email Address: _____ Fax: _____

Address within East Pennsboro: _____

Applicant Name: _____ Phone: _____

Applicant Address: _____

Email Address: _____ Fax: _____

Property Owner: _____ Phone: _____

Property Owner Address: _____

Emergency Contact Person: _____ Phone: _____

Proposed/Current Use (Describe the nature of your business as specifically as possible.):

Number of Employees: _____ Number of Floors: _____ Square Footage: _____

Previous Occupant: _____

Public Water: Yes No Public Sewer: Yes No Open for Business: Yes No

Proposed Opening Date: _____ Business Hours/Days: _____

Planned Renovations: _____

Signature: _____ Date: _____

*****SKETCH SITE & FLOOR PLAN REQUIRED*****

Office Use Only

Tax Parcel No: _____ Zoning District: _____ Use Permitted: Yes No

Applicable Zoning Ordinance Section(s): _____

New Use Same Use Conversion to Conforming Parking Spaces: On Site _____ Required _____

Accepted (list conditions) Rejected (list reasons) _____

Fee: \$ _____