

APPLICATION FOR COMMERCIAL USE & OCCUPANCY PERMIT

FILL IN ALL INFORMATION COMPLETELY

Location: _____ Tax Parcel Number: 61- _____

Tenant Company Name _____ Building/Floor/Suite/Store number _____ Zoning District _____

Property Owner – Name & Address

 Phone Number - _____

Applicant – Name & Address

 Phone Number - _____

Existing Use _____ PROPOSED USE: Office/Medical Mercantile/Store
 Restaurant/Bar Church/School Institution Industrial/Factory Storage
 Hotel/Motel/Apartment (3 or more living units) Service Station/Repair Garage Agriculture

TYPE OF APPLICATION <input type="checkbox"/> New Commercial <input type="checkbox"/> Sale/Transfer	KNOX BOX YES <input type="checkbox"/> NO <input type="checkbox"/> If NO Contact the Fire Marshal's Office for form	Hazardous Materials Onsite YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, Contact the Fire Marshal for information	<input type="checkbox"/> Chester Co. Health Dept. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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**LISTING AGENT OR HOMEOWNER SHALL ARRANGE FOR INSPECTION PRIOR TO SETTLEMENT DATE
 (At least 72 hours prior settlement, but no more than 30 days prior)**

If the location has an on-site Septic System, you must provide proof that the system has been pumped out
 by a licensed septic tank contractor within the proceeding six months

SETTLEMENT DATE: _____ Commercial Use & Occupancy Fee - \$ _____

 APPLICANT'S SIGNATURE

 DATE

I hereby certify that the statements contained herein are true to the best of my knowledge and belief.
 I understand that this permit will only be issued for the purpose listed and no other.
 I understand that additional information and/or Permits may be required prior to the issuance of this permit
 I understand that I shall give East Marlborough Township 72 hours' notice prior to Settlement.

DO NOT WRITE BELOW THIS LINE

Permit No. _____
 Permit Fee \$ _____
 Approved - _____
 Denied - _____

Received - _____
 Authorization [] Yes [] No [] N/A
 Paid Date - _____
 Paid By - [] Check # - \$ _____
 Receipt By - _____

Notes: _____

BY: _____

DATE: _____