

Fee **\$50.00** Folio # 16-_____-_____-_____- Zoning District_____ Use #_____

UPPER DARBY TOWNSHIP LICENSES AND INSPECTION

APPLICATION FOR CERTIFICATE OF USE

ADDRESS OF PROPOSED USE_____

OWNER OF BUILDING OR PROPERTY_____

OWNERS HOME ADDRESS_____PHONE_____

CITY_____STATE_____ZIP_____

TENANT (IF APPLIES)_____HOME PHONE_____

TENANT'S HOME ADDRESS_____BUS. PHONE_____

CITY_____STATE_____ZIP_____

DESCRIBE THE TYPE OF BUSINESS_____

WHAT WAS THE PREVIOUS USE???_____

WILL YOU BE STORING OR WAREHOUSING ANY MATERIALS? YES [] NO []

(IF THE BUSINESS IS A HOME OCCUPATION USE THE HOME OCCUPATION APPLICATION)

WILL ANY OF THE STORED MATERIAL BE COMBUSTIBLE? YES [] NO []

WILL YOU BE SELLING MERCHANDISE WHOLESALE? YES [] NO []

WILL YOU BE SELLING MERCHANDISE RETAIL? YES [] NO []

IF THE BUSINESS IS A RESTAURANT IS THERE SEATING FOR SIT DOWN MEALS? YES [] NO []

IF THIS IS A BUSINESS THAT SELLS, SERVES OR PREPARES FOOD, DO YOU AGREE TO GET ALL NECESSARY LICENSES FROM THE TOWNSHIP HEALTH DEPARTMENT? (PHONE 610-734-7640) YES [] NO []

WILL THERE BE ANY RENOVATIONS DONE? YES [] NO [] IF YES, EXPLAIN

(STATE LABOR & INDUSTRY APPROVAL MAY BE REQUIRED. THEY CAN BE CONTACTED AT 717- 787-3806)

DID YOU RECEIVE A VARIANCE FROM THE ZONING HEARING BOARD FOR THIS USE? YES [] NO []

PLEASE LIST ANY ADDITIONAL INFORMATION THAT MAY BE PERTINENT TO THIS APPLICATION:

NAME OF APPLICANT (PLEASE PRINT)

SIGNATURE OF APPLICANT

ZONING APPLICATION # _____ OF _____

STATE L & I APPROVAL GRANTED _____

ZONING APPROVAL DATE _____

FILE # _____ INDEX # _____

TOC _____ OCCUPANCY CLASS _____

DIRECTOR, DEPARTMENT OF LICENSES AND INSPECTION

REVIEW DATE