

Fee \$50.00 Folio #13- _____ - _____ - _____ Zoning District _____ Date _____

CONCORD TOWNSHIP DEPARTMENT OF CODE ENFORCEMENT
APPLICATION FOR CERTIFICATE OF USE

ADDRESS OF PROPOSED USE _____

OWNER OF BUILDING OR PROPERTY _____

OWNER'S HOME ADDRESS _____ TELEPHONE # _____

E:MAIL ADDRESS _____

CITY _____ STATE _____ ZIP _____

TENANT (IF APPLIES) _____ HOME TELEPHONE _____

TENANT'S HOME ADDRESS _____ BUSINESS TELEPHONE _____

CITY _____ STATE _____ ZIP _____ E:MAIL _____

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? YES [] NO []

IF THIS IS A BUSINESS THAT SELLS, SERVES OR PREPARES FOOD, DO YOU AGREE TO OBTAIN ALL NECESSARY LICENSES? YES [] NO []

WILL THERE BE ANY RENOVATIONS DONE? YES [] NO []

STATE LABOR & INDUSTRY APPROVAL MAY BE REQUIRED.

DID YOU RECEIVE A DECISION 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 HEARING APPROVAL DATE _____

STATE L&I APPROVAL GRANTED _____

FILE # _____ INDEX # _____

TOC _____ OCCUPANCY CLASS _____

DEPARTMENT OF CODE ENFORCEMENT _____

REVIEW DATE _____