



# Whitehall Township Zoning Certification

DATE \_\_\_\_\_

This form **MUST** be completed in its entirety prior to the issuance of **ANY** business privilege license whether business is located in Whitehall Township or not

BUSINESS NAME – COMPLETE AS IT APPEARS ON YOUR WHITEHALL TOWNSHIP BUSINESS LICENSE

ADDRESS \_\_\_\_\_

CONTACT PERSON & PHONE # \_\_\_\_\_

FAX # \_\_\_\_\_ Email \_\_\_\_\_

SITE ADDRESS / JOB SITE LOCATION \_\_\_\_\_

**NATURE OF BUSINESS:**

- RETAIL     CONTRACTOR     RESTAURANT     OFFICE
- LANDLORD - (LIST RENTAL ADDRESS(ES) AND **COMPLETE REVERSE SIDE**)
- \_\_\_\_\_
- OTHER \_\_\_\_\_

**BUSINESSES LOCATED IN WHITEHALL TOWNSHIP MUST ANSWER THE FOLLOWING QUESTIONS: - It is your responsibility to provide (and retain) the following necessary information to the Township**

NUMBER OF YEARS BUSINESS OPERATING AT THIS LOCATION \_\_\_\_\_

HOW LONG HAVE **YOU** BEEN OPERATING AT THIS LOCATION? \_\_\_\_\_

NUMBER OF EMPLOYEES AT THIS LOCATION \_\_\_\_\_

NUMBER AND TYPE OF BUSINESS VEHICLES STORED AT THIS LOCATION \_\_\_\_\_

USE PERMIT # (required) \_\_\_\_\_

DATE OF **TOWNSHIP** CERTIFICATE OF OCCUPANCY \_\_\_\_\_

BUSINESS PRIVILEGE LICENSE NUMBER \_\_\_\_\_

IF THIS IS A HOME OCCUPATION LIST ANY OTHER BUSINESSES AT THIS LOCATION

\_\_\_\_\_

**PLEASE DO NOT WRITE BELOW THIS LINE**

\*\*\*\*\*

ZONING DISTRICT \_\_\_\_\_ USE PERMIT APPLICABLE Y / N N/A ---- H O  NIHO

APPROVED \_\_\_\_\_

FOR INFORMATION REGARDING THIS FORM,  
CONTACT MELISSA WEHR, ZONING OFFICER AT 610-437-5524, EXT 155

FOR INFORMATION REGARDING YOUR **BUSINESS LICENSE**  
PLEASE CONTACT THE **TREASURER'S OFFICE** AT 610-437-5524, EXT 144 OR 143

Please be advised that Whitehall Township Board of Commissioners, with the adoption of Ordinances 2813 and 2812, have established a requirement for all owners of rental property in the Township that either on-site manager be designated for all rental properties, or a manager residing **within 10 miles of the geographical boundaries of the Township.** This designated “manager” must be authorized to accept service of process on behalf of the legal owner of said residential unit, provide access to and assume control of the premises and authorized to discharge alarms.

***FAILURE TO DESIGNATE THE REQUIRED RESPONSIBLE INDIVIDUAL COULD RESULT IN ENFORCEMENT ACTION AGAINST YOU AS THE PROPERTY OWNER.***

**\*\*\*\*\* PLEASE WRITE CLEARLY \*\*\*\*\***

**Rental Property Manager Information – (must be completed for ALL rental properties)**

Site location / Street Address \_\_\_\_\_

Property Owner / Principal Owner Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

Phone Number \_\_\_\_\_

After Hours Phone Number \_\_\_\_\_

Email \_\_\_\_\_

**OPERATOR, RESPONSIBLE AGENT OR MANAGER INFORMATION**

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

Phone Number \_\_\_\_\_

After Hours Phone Number \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_