

TOWNSHIP OF WHITEHALL

3219 MacArthur Road
Whitehall, PA 18052
610-437-5524, Ext. 1155

USE APPLICATION and PERMIT

(as required by Township Zoning Ordinance and Amendments thereto)

USE PERMIT NO.: _____ **DATE ISSUED:** _____

PLEASE PRINT CLEARLY

A. LOCATION, OWNERSHIP & PRESENT USE OF PROPERTY:

- 1. Site Address _____
- 2. Property Owner _____
- 3. Property Owner Address _____
- 4. Property Owner Email _____ Phone _____
- 5. Present Tenant _____
- 6. Present Use of Structure _____
If residential - Number of families _____
- 7. Present Building, Describe _____
- 8. Present Use of Land _____

Application is hereby made for a permit to use the premises for the purposes described herewith. The information which follows, together with location diagram, is made part of this application by the undersigned. It is understood and agreed by this applicant that any error, misrepresentation of material fact, either with or without intention on the part of this applicant, such as might or would operate to cause a refusal of this application, or any change in the location, size or use of structure or land made subsequent to the issuance of this permit, without approval of the Zoning Officer, shall constitute sufficient ground for the revocation of this permit. All statements made herein are true and correct and all supporting documents hereto are true and correct and will be adhered to in every respect.

B. PROPOSED USE OF STRUCTURE AND/OR LAND:

- 1. Type of Work (**Check one**): Change of use in existing structure _____ Change of ownership of existing business _____ Home Occupation _____ Kiosk/Cart _____ In-Line Store _____ OTHER _____
- 2. Proposed Use of Structure _____
If residential - Number of families _____
- 3. Proposed Use of Land _____
- 4. Proposed Business Name _____
- 5. Nature of Business (Explain) _____

- 6. Business Email _____
- 7. Business Website Address _____
- 8. Number of Employees _____ Number of Company owned vehicles _____

C. OWNER OF BUSINESS:

- 1. Applicant Name _____ Phone _____
- 2. Applicant Mailing Address _____
- 3. Applicant Email _____
- 4. Owner, Lessee or Authorized Agent _____

D. Certified that all information contained in sections A, B & C are correct and will be adhered to:

Applicant's Signature _____
Print Name _____

FOR HOME OCCUPATIONS - If Applicant is not the property owner, certification must be provided evidencing property owner's permission for within application to be made in the form of a signed, notarized statement.

FOR OFFICE USE

REFERENCE:

Plan is attached hereto Yes _____ No _____ Transfer of original Use Permit No. _____

APPROVAL & DATES OF ACTION TAKEN:

- 1. Application Approved Yes _____ No _____ Date _____ Zoning District _____
Zoning Officer _____
Conditions of Approval _____
- 2. Reason for DENIAL of Application _____

NOTE: This permit applies to USE only and shall not relieve applicant from obtaining such other permits as may be required by law. NOTICE: Violation of any provision of this ordinance by any owner or lessee or other person shall constitute a violation of Whitehall Township zoning ordinance and appropriate enforcement will ensue.

RESIDENTIAL FEES:

- No Impact Home Occupation \$25.00
- Impact Home Occupation \$50.00
- Family Day Care \$50.00

COMMERCIAL FEES:

- (Must include parking plan with application. If RESTAURANT, must include seating plan AND parking plan)
- Temporary Use (per event) \$1,000.00
 - Commercial /Industrial / All Others \$250.00
 - Kiosks / Carts within existing enclosed retail areas \$75.00 (Plus applicable permit, plan review and inspection fees)
 - Transfer fee - 25% of original fee