

NEW GARDEN TOWNSHIP
COMMERCIAL CERTIFICATE OF OCCUPANCY APPLICATION

Applicant _____ Date of application ____/____/____

Address _____

Phone No(s). _____ cell phone # _____

Type of Business _____

Previous type of business _____

Location of Business _____ Tax Parcel No. _____

City, State, zip _____

Name of Center _____ Store No. _____

Square feet of space to be occupied _____

Property Owner or Management Company responsible _____

Address _____ Phone # _____

Business served by Public Water? Yes No Public Sewer? Yes No

- All projects that propose plumbing/sewage facilities require review of a Sewage Facilities Planning Application Mailer by the PA. Department of Environmental Protection. The applicant shall provide such documentation prior to the issuance of a certificate of occupancy.
- Inspection shall be scheduled with New Garden Township prior to issuance of a certificate of use & occupancy. Minimum one working day notice required.

Applicants signature: _____ Date: _____

Do not write below dotted line

Sewage allocated _____ EDU's. Sufficient for this use? Yes No

PA. D.E.P. Sewage Facilities Planning Application required: yes No

ZONING DISTRICT IN WHICH THIS BUSINESS WILL BE LOCATED _____

VARIANCES / CONDITIONAL USE REQUIRED? Yes No **OBTAINED** _____

\$50.00 non-refundable fee paid Yes No **Date** _____