

Phone: 610-268-2915  
Email: [office@newgarden.org](mailto:office@newgarden.org)

Fax: 610-268-0458  
Website: [www.newgarden.org](http://www.newgarden.org)



**New Garden Township**  
299 Starr Road  
Landenberg, Pennsylvania 19350

## APPLICATION FOR ZONING CERTIFICATE OF OCCUPANCY

In accordance with Section 200-149. A of the New Garden Township Zoning Ordinance a use and occupancy permit shall be required prior to any person using or occupying any building or other structure or land. A use and occupancy permit shall be required prior to the commencement of any of the following:

1. Use and occupancy of any building or other structure erected, altered or enlarged for which a building permit is required.
2. Change in use of any building or structure.
3. Use of land or change in use, except for the placing of vacant land under cultivation.
4. Change in use or extension of a nonconforming use.

APPLICANT: \_\_\_\_\_ DATE APPLIED: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE NO. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

ADDRESS OF PROPERTY: \_\_\_\_\_

\_\_\_\_\_

PROPERTY OWNER: \_\_\_\_\_ PHONE NO. \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TAX PARCEL NO(S). 60-\_\_\_\_\_-\_\_\_\_\_

\_\_\_\_\_ LOT SIZE: \_\_\_\_\_

ZONING DISTRICT: \_\_\_\_\_ EXISTING USE(S) \_\_\_\_\_

PREVIOUS USE(S): \_\_\_\_\_

PROPOSED USE(S): \_\_\_\_\_

SIZE OF AREA TO BE OCCUPIED \_\_\_\_\_ S.F.

CONTINUED ON BACK

NUMBER OF EMPLOYEES: \_\_\_\_\_

NUMBER OF OFF STREET PARKING SPACES: \_\_\_\_\_

IS BUSINESS SERVED BY PUBLIC WATER: YES  NO

IS BUSINESS SERVED BY PUBLIC SEWER: YES  NO

IF PUBLIC SEWER NUMBER OF SEWAGE E.D.U. ALLOCATED: \_\_\_\_\_

HAS A VARIANCE, SPECIAL EXCEPTION, CONDITIONAL USE EVER BEEN APPLIED FOR OR OBTAINED FOR THIS PREMISE? YES  NO

IF SO WHAT FOR: (PLEASE EXPLAIN WHAT FOR AND WHEN) \_\_\_\_\_

---

---

---

---

---

\$50.00 APPLICATION FEE RECEIVED: \_\_\_\_\_ DATE: \_\_\_\_\_

CHECK NO. \_\_\_\_\_ CASH: \_\_\_\_\_ OTHER: \_\_\_\_\_

-----  
**FOR DEPARTMENT USE ONLY**

USE APPROVED: YES  NO

COMMENTS:

---

---

INSPECTION REQUIRED: YES  NO

\_\_\_\_\_  
DATE: \_\_\_\_\_

ZONING OFFICER