



New Garden Township

299 Starr Road, Landenberg, PA 19350

610-268-2915

www.office@newgarden.org

APPLICATION FOR COMMERCIAL USE & OCCUPANCY PERMIT

FILL IN ALL INFORMATION COMPLETELY

Location: _____ Tax Parcel Number: 60- _____

Tenant Company Name _____ Building/Floor/Suite/Store number _____ Zoning District _____

Property Owner – Name & Address

Applicant – Name & Address

Phone Number - _____

Phone Number - _____

Existing Use _____ PROPOSED USE: Office/Medical Mercantile/Store
 Restaurant/Bar Church/School Institution Industrial/Factory Storage
 Hotel/Motel/Apartment (3 or more living units) Service Station/Repair Garage Agriculture

TYPE OF APPLICATION <input type="checkbox"/> New Commercial <input type="checkbox"/> Sale/Transfer	KNOX BOX YES <input type="checkbox"/> NO <input type="checkbox"/>	Hazardous Materials Onsite YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> Chester Co. Health Dept. Public Sewer? [] Yes [] No Public Water? [] Yes [] No
	If NO Contact the Fire Marshal's Office for form	If YES, Contact the Fire Marshal for information	

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 of one business day notice required.

Commercial Use & Occupancy Fee - \$7.50 /100 Sq. Ft. Paid: YES NO Total Sq. Ftg. _____

APPLICANT'S SIGNATURE

DATE

I hereby certify that the statements contained herein are true to the best of my knowledge and belief. I understand that this permit will only be issued for the purposes listed and no other. I understand that additional information and/or Permits may be required prior to the issuance of this permit. I understand that I shall give New Garden Township 72 hours notice prior to Settlement.

DO NOT WRITE BELOW THIS LINE

Zoning District in which this business will be located: _____ Paid By: [] Check # - _____ [] Cash

Variances I Conditional Use Required? - [] Yes [] No Total Square Footage of Occupied Space: _____

Sewage allocated EDU's sufficient for this use? [] Yes [] No

PA D.E.P. Sewage Facilities Planning Application required: - [] Yes [] No