



# UPPER ALLEN TOWNSHIP CERTIFICATE OF ZONING USE & OCCUPANCY APPLICATION

COMMUNITY DEVELOPMENT  
100 Gettysburg Pike  
Mechanicsburg, PA 17055

Phone: 717-766-0756 Fax: 717-796-9833  
Monday – Friday: 8:00 AM to 4:30 PM  
www.uatwp.org

**FOR OFFICE USE ONLY:** APP COMPLETE:  Y  N RETURNED:  Y  N PERMIT #:

### SUBMISSION REQUIREMENTS FOR A PERMIT:

1. Complete the entire application. Print legibly or type. Incomplete applications will result in delayed processing.
2. A copy of a site plan and floor plan is required and shall be submitted along with the application. Is a copy of each attached?  
 Y  N
3. If alterations are proposed to the interior or the exterior of the building, then a building permit is required. Please fill out the building permit application packet.
4. Upon approval of the application, payment of fee is required. The current fee amount is \$40.00. Fees are subject to change at any time by Resolution from the Board of Commissioners. Payment may be made in the form of cash, check, or credit card. Checks should be made payable to: Upper Allen Township.
5. The Applicant shall pick up the permit within two (2) weeks of notification. Please note that a Certificate of Use that has not been picked up is not considered "issued". Any use of that property prior to issuance will be considered a violation of the Zoning Ordinance, Chapter 245.

Site Address: \_\_\_\_\_ Parcel ID: \_\_\_\_\_

Business Name: \_\_\_\_\_ Business Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax#: \_\_\_\_\_ Email: \_\_\_\_\_

Business Contact Name: \_\_\_\_\_

Phone # \_\_\_\_\_ Email: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Owner Address: \_\_\_\_\_

Phone # \_\_\_\_\_ Fax#: \_\_\_\_\_ Email: \_\_\_\_\_

Proposed Use (describe business as specifically as possible): \_\_\_\_\_

Occupancy Load: \_\_\_\_\_ What is the size of the building / Unit / Suite: \_\_\_\_\_

Unit / Suite Number: \_\_\_\_\_ Previous Occupant: \_\_\_\_\_

Is the location served by: Public Water? Yes  No  Public Sewer? Yes  No

What hours/days of the week will the business operate? \_\_\_\_\_

What date do you propose to open for business? \_\_\_\_\_

Do you anticipate any renovations? Please describe: \_\_\_\_\_

SIGNATURE OF OWNER: \_\_\_\_\_ DATE: \_\_\_\_\_