

# NEW SEWICKLEY TOWNSHIP

233 Miller Road \* Rochester, PA 15074

724-774-7822 \* Fax: 724-774-7825

## USE AND OCCUPANCY APPLICATION/RENEWAL COMMERCIAL

### APPLICANT RESPONSIBLE FOR MAKING APPOINTMENT FOR INSPECTION

CERTIFICATE EXPIRES ON: \_\_\_\_\_

Tax Parcel # 69- \_\_\_\_\_

The undersigned applies to the Zoning Officer for a Use and Occupancy Permit under the provisions of the New Sewickley Township Zoning Ordinance No. 214 and any Amendments thereafter to make use of the premises as described and set forth herein:

1. Property Address: \_\_\_\_\_
2. Name/Address/Telephone Number of Property Owner: \_\_\_\_\_  
\_\_\_\_\_
3. (Check One): PURCHASE: \_\_\_\_\_ or LEASE: \_\_\_\_\_
4. Name of buyer/tenant: \_\_\_\_\_
5. Proposed Business Name: \_\_\_\_\_
6. What is the floor space of the building? \_\_\_\_\_ square feet
7. Current use of property: \_\_\_\_\_
8. Proposed use of property: \_\_\_\_\_
9. Are additional construction/alterations necessary? YES \_\_\_\_\_ or No \_\_\_\_\_
10. If yes, what is the permit number? \_\_\_\_\_
11. What type of machinery (if any) will be at the property? \_\_\_\_\_
12. Describe any proposed accessory or sub use of the property: \_\_\_\_\_
13. How many vehicles will be at the property? \_\_\_\_\_
14. Date of proposed settlement/lease: \_\_\_\_\_
15. Emergency Contact name and phone number for police/fire: \_\_\_\_\_
16. Send U&O certificate to: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

I understand that a material misrepresentation in this application is grounds for revocation of any permit issued. The applicant further agrees that the use of said premises shall be in strict accordance with all applicable Ordinances of the Township and of State Laws.

\_\_\_\_\_  
Seller/Agent Signature

\_\_\_\_\_  
Date

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#### **For Office Use Only:**

Open Permits: YES \_\_\_\_\_ NO \_\_\_\_\_ Paid: \_\_\_\_\_ U&O # \_\_\_\_\_