

WILLIAMS TOWNSHIP ZONING OFFICE

WILLIAMS TWSP. MUNICIPAL BLDG

655 CIDER PRESS ROAD

EASTON, PA. 18042

PHONE 610-258-0522 FAX 610-258-6080 E-mail wtzoning@williamstwp.org

Application for
BUSINESS PERMIT

To the Zoning Officer:

The undersigned hereby applies for a Business Permit/Certificate of Use and Occupancy as required under Article I, Section 109 of the Williams Township Zoning Ordinance of 1997.

- 1) Permit # *(to be completed by the Zoning Officer)*
- 2) Applicant's Name, Address and Phone #:
- 3) Property Owner's Name, Address and Phone #:
- 4) Name of Business:
- 5) Builder/Contractor's Name, Address and Phone #:

NOTE: If the application is made by a person other than the owner in fee, it shall be accompanied by written authorization of the owner or the qualified person making the application that the proposed work is authorized by the owner in fee and that the applicant is authorized to make such application.

Authorization attached _____

- 6) Location/Address of Property:
- 7) Tax Map Identification #:

A plot plan and a dimensional floor plan shall accompany an application for a Business permit. Evidence shall be shown that the lines of the bounding rights-of-way have been accurately located on the ground.

- 8) What District/Zone is proposed Business located?

- 9) Permit fee \$50.00- date paid and received by:
- 10) What type of business activities?
- 11) Number of employees on site?
- 12) What types of Hazardous Material are used?
- 13) What types of Hazardous Manufacturing processes are used?
- 14) MSDS sheets?
- 15) Number of Office Spaces?
- 16) Application denied for the following reasons:

I hereby certify that the above answers are correct and true, and that the proposed use, alterations, additions, changes and all other answers given above are complete and accurate. I understand that any deviations from the above may jeopardize my receiving a final Certificate of Use and Occupancy for this application and any deviation from the applications proposal may violate Zoning, Subdivision, Sewage or other Ordinances of this Township and could result in revoking of this permit and/or prosecution or court action.

I certify that the above answers are correct and true _____
Signature of Owner

Printed Name

Email Address: _____