

1/28/15

HAZLE TOWNSHIP ZONING
PO BOX 506, HARLEIGH, PA. 18225 570-455-2030

**CERTIFICATE OF ZONING COMPLIANCE
BUSINESS OCCUPANCY PERMIT**

PERMIT NUMBER: B- _____ APPLICATION DATE: _____ OCCUPANCY DATE _____

BUSINESS NAME: _____

PROPERTY (Street) ADDRESS: _____

MAILING ADDRESS (If Different): _____

City: _____ State: _____ ZIP: _____

TELEPHONE NUMBER: Business: _____ Home: _____ Fax: _____

PARENT COMPANY OR OWNER: _____

COMPLETE ADDRESS: _____

City: _____ State: _____ ZIP: _____

TELEPHONE NUMBER: BUSINESS _____ FAX: _____

IS PROPERTY SERVICED BY: _____ SEPTIC SYSTEM? _____ PUBLIC SEWER?

GARBAGE HAULER: _____

WILL YOU BE: _____ RENTING? _____ OWNING?

OWNER'S NAME: (If Renting:) _____

COMPLETE ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: BUSINESS _____ HOME _____

Applicant's Signature

*****This is to certify that the applicant named had applied for and received a business occupancy for Hazle Township.*****

DEPT. USE ONLY

DEPT. USE ONLY

STIPULATIONS/CONDITIONS/VARIANCES: _____

OVER →

Proposed Business Plan

All information must be provided in order to be considered for a Hazle Township Business License. All incomplete applications will be returned to the applicant without consideration. All applicable Business Occupancy's shall have a Knox Box installed per Hazle Township Ordinance # 98-9-14-2. All business occupancy's shall be inspected by the Fire Chief and the Building Inspector prior to occupying the building. There shall be no exceptions.

Please Print Legibly:

Hours Of Operation: Monday: _____ Tuesday: _____ Wednesday: _____ Thursday: _____
Friday: _____ Saturday: _____ Sunday: _____

Expected number of employees per shift: _____

Describe the nature of your business and the services offered:

Attach a separate sheet detailing the property with parking, including handicap accessible spaces and areas of vehicle ingress and egress, labeling all streets your business will impact.

Do you have/need a Hazle Township Driveway Permit? _____

Do you have/need a Pen Dot Highway Occupancy Permit? _____

Will your business be serviced by tractor trailer? _____ Expected number of trailers per day: _____

Will your business be serviced by local delivery, UPS, Fed Ex etc.? Expected number of deliveries per day: _____

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Occupancy Inspection Date _____

Inspected By: _____ (Inspectors Initials)

Occupancy/ Use _____

BUSINESS OR INDUSTRIAL:

Structure or Use: **EXISTING** \$125.00 **NEW:** \$225.00 prior to occupancy.

\$325.00 after occupancy date or within 30 days of occupancy.

\$550.00 after 30 days of occupancy.

PERMIT FEE: \$ _____ CASH _____ CHECK/M.O. _____ DATE : _____

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Zoning Officer or Designee

DEPARTMENTS NOTIFIED

_____ BERKHEIMER AGENCY
_____ TAX COLLECTOR
_____ HAZLETON CITY AUTH.(WATER DEPT)
_____ AQUA PA

_____ MUNICIPAL AUTHORITY
_____ FIRE COMPANY
_____ GHJSA
_____ EAGLE ROCK

