

\$50.00 Fee

(This inspection is required prior to occupancy. Please call the Township at least 48 hours in advance to schedule your inspection)

Use Permit Number _____

(To be used by Township)

**SPRINGETTSBURY TOWNSHIP
1501 MT. ZION ROAD
YORK, PA 17402
(717) 757-3521**

APPLICATION FOR TEMPORARY CERTIFICATE OF USE & OCCUPANCY

****SITE PLAN MUST BE INCLUDED****

SITE ADDRESS _____

Mall or Shopping Center _____ **Store # / Space #** _____

Name of Proposed Business _____ **Telephone** _____

Owner of Business _____

Mailing Address _____ City _____

PO Box Number _____ State _____ Zip _____

Anticipated Opening Date _____

How many days/months occupying space _____

Description: _____

I hereby certify that the proposed use is authorized by the owner of record and that I have been authorized by the owner to make this application as his/her agent and agree to conform to all applicable regulations of this jurisdiction. Please be advised, copies of the Springettsbury Township Zoning Ordinance are available for your review. It is the applicant's responsibility to conform to all regulations put forth in the Springettsbury Township Zoning Ordinance.

Applicant Signature Printed Name Date

TOWNSHIP USE ONLY

**Inspectors Date & Initial
when approved**

Approved by Zoning Officer _____

Use Group _____

Tax Map/Parcel _____

Occupancy Load _____

Permit Number _____

Type of Construction _____

Date Fee Paid _____

Sprinklered: Y / N

Check # or Cash _____