North Strabane Township

1929 Route 519 South
Canonsburg, PA 15317
(724) 745-8880 • Fax (724) 745-8935

Permit No. _____

COMMERCIAL APPLICATION FOR USE / OCCUPANCY

A. BUSINESS TO OCCUPY SPACE AND ADDRESS / INFORMATION OF SPACE

Name	Phone	Email		
Address	Suite / PO	City	State	Zip

B. NAME OF PERSON OR CORPORATION OWNING BUSINESS

Name	Phone	Email		
Address	Suite / PO	City	State	Zip

C. PROPERTY INFORMATION / DESCRIPTION

Lot Number	Zoning District	Subdivision	Parcel ID

D. PROPERTY OWNER If different from above

Name	Phone	Email		
Address	Suite / PO	City	State	Zip

E. APPLICATION BEING MADE FOR

New Construction	**Existing Building**	Previous Owner / Tenant (If applicable)
❑ Owner Occupied	❑ New Owner	
❑ Tenant Space	❑ New Tenant	

F. USE GROUP CLASSIFICATION

Current use	Proposed use

IF EXISTING BUILDING PROVIDE NARRATIVE OF PROPOSED USE ON BACK OF APPLICATION

Square footage of area or building to be occupied	No. Levels or Stories to be occupied	Date intended to be occupied

If Applicable list any Variances Conditional Use or Other (Include approval date)

G. DECLARATION OF APPLICANT

I HEREBY CERTIFY THAT ALL STATEMENTS CONTAINED ABOVE ARE TRUE AND CORRECT AND HEREBY APPLY FOR PERMISSION TO OCCUPY THE PREMISES ABOVE DESCRIBED FOR THE PURPOSES HEREIN STATED, IF SUCH COMPLIES WITH THE PROVISIONS OF ALL LAWS AND ORDINANCES AND A CERTIFICATE OF USE IS ISSUED, IT IS UNDERSTOOD BY THE APPLICANT AND / OR OWNER THAT SAID CERTIFICATE WILL AUTHORIZE ONLY THE USE STATED IN THIS APPLICATION AND THAT SUCH USE MAY NOT LEGALLY BE EXTENDED OR CHANGED WITHOUT AUTHORIZATION AND A NEW CERTIFICATE OF USE / OCCUPANCY.

_____ Signature of applicant

_____ Date

FOR TOWNSHIP USE

Zoning Approval ❑ **Approved** ❑ **Denied**

	Zoning Officer	Date

Building Code Official ❑ **Building Permit Not Required**

UCC Version	Use Group	Construction Type	Sprinklers ❑ Yes ❑ No

	Building Code Official	Date