

**APPLICATION FOR
ZONING OCCUPANCY PERMIT**

**NORTH SEWICKLEY TOWNSHIP
893 MERCER ROAD
BEAVER FALLS, PA 15010**

Certificate No. _____

Telephone No. _____

OWNER: _____

ADDRESS: _____

LOT NO. _____ IN THE _____ PLAN OF LOTS

TAX PARCEL NO. _____

PROPOSED USE: _____

BUSINESS NAME: _____

APPROXIMATE DATE OF COMPLETION: _____

DO YOU NOW OR WILL YOU EVER GENERATE; STORE; TRANSPORT;
OR DISPOSE OF ANY HAZARDOUS MATERIALS OR WASTE AS DEFINED BY
THE U.S. ENVIRONMENTAL PROTECTION AT THIS LOCATION:

YES _____ NO _____

IF YES, PLEASE INDICATE MATERIAL (S) AND QUANTITY ON REVERSE

I HEREBY ACKNOWLEDGE THAT THE ABOVE INFORMATION IS TRUE AND
CORRECT AND THAT ALL APPLICABLE PROVISIONS OF THE NORTH
SEWICKLEY TOWNSHIP ORDINANCES HAVE BEEN COMPLIED WITH:

DATE FILED _____

SIGNATURE OF OWNER/AGENT

DATE ISSUED _____

ZONING AND CODES OFFICER