

## UPPER MACUNGIE TOWNSHIP Use Review Application

A plot plan clearly drawn to scale and legibly labeled, showing all areas of the property proposed for use and all other uses of the building, must be submitted with this application.

Name of Business \_\_\_\_\_  
 Subject Property: Street Address \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 Total Size of Building \_\_\_\_\_ sq.ft

Applicant: Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Contact Person & Daytime Telephone \_\_\_\_\_

Property Owner: Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Telephone Number \_\_\_\_\_

Person Responsible For Facility \_\_\_\_\_  
 Daytime Telephone Number \_\_\_\_\_  
 Evening Telephone Number \_\_\_\_\_

Description of Proposed Use \_\_\_\_\_

Size of Space Occupied _____ sq. ft.	Days & Hours of Operation _____		
Number of: Employees Per Shift	1 _____	Managers Per Shift	1 _____
	2 _____		2 _____
	3 _____		3 _____

Trucks: Number Per Day IN \_\_\_\_\_ OUT \_\_\_\_\_ Stored out of doors overnight \_\_\_\_\_  
 Number of Parking Spaces Provided \_\_\_\_\_ Number of Loading Spaces Provided \_\_\_\_\_  
 Does the use involve handling or manufacturing of materials requiring special consideration (include MSDS for each material or substance)? \_\_\_\_\_  
 Intended Date of Occupancy \_\_\_\_\_

Former Occupant of Property/Building \_\_\_\_\_  
 Former Use of Property/Building \_\_\_\_\_  
 Description of Former Use \_\_\_\_\_

Size of Space Occupied _____ sq. ft.	Days & Hours of Operation _____		
Number of: Employees Per Shift	1 _____	Managers Per Shift	1 _____
	2 _____		2 _____
	3 _____		3 _____

Trucks: Number Per Day IN \_\_\_\_\_ OUT \_\_\_\_\_ Stored out of doors overnight \_\_\_\_\_  
 Number of Parking Spaces Provided \_\_\_\_\_ Number of Loading Spaces Provided \_\_\_\_\_  
 Date Former Use Terminated \_\_\_\_\_

The undersigned does hereby certify that the above information is true and correct and that the operation of this use shall be in conformance with the performance standards of Article V of the Zoning Ordinance regarding environmental protection. The applicant further acknowledges that the provision of false or incomplete information, or violation of any of the provisions of Article V can result in the revocation of any approval and/or the commencement of an enforcement action to abate such violation.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

### For Office Use Only

TAX MAP # _____	BLOCK # _____	LOT # _____	ZONING DISTRICT _____
USE PERMITTED BY: RIGHT _____	CONDITION _____		SPECIAL EXCEPTION _____
ZONING SECTION(S) _____			
APPROVED BY: _____	DATE: _____	FEE: \$50.00	_____