

UPPER MACUNGIE TOWNSHIP

Use Review Application

Emergency Contact Form on
reverse side

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

Name of Proposed Business: _____

Subject Property Address: _____ Intended Date of Occupancy: _____

Total Size of Building: _____ sq.ft. Total Space to be Occupied: _____ sq.ft.

Tenant/Lessee Name: _____

Address: _____

Contact Person: _____ Daytime Telephone # _____

Property Owner: _____

Address: _____

Telephone(s): _____

Person Responsible for Facility: _____

Work Telephone # _____ Mobile Telephone #: _____

Description of Proposed Use: _____

Days & Hours of Operation: _____

Number Of:	Employees Per Shift	1 st _____	<i>Managers Per Shift</i>	1 st _____
		2 nd _____		2 nd _____
		3 rd _____		3 rd _____

Trucks: Number per Day IN _____ OUT _____ Parked overnight? _____

Number of Parking Spaces Provided: _____ Number of Loading Spaces Provided: _____

Does the use involve handling or manufacturing of materials requiring special consideration? Yes No

(Please include Material Safety Data Sheets for each material or substance)

Former Occupant of Property/Building: _____

Former Use of Property/Building: _____

Size of Space Formerly Occupied: _____ sq.ft. Date Former Use Terminated: _____

Days & Hours of Operation: _____

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 requirements of the Zoning Ordinance. The tenant/lessee further acknowledges that the provision of false or incomplete information or violation of any of the requirements of the Zoning Ordinance and/or applicable Building, Plumbing, Mechanical, Electrical, Fire or Handicap Accessibility Codes can result in the revocation of any approval and/or the commencement of an enforcement action to abate such violation. This approval is not a Certificate of Occupancy or Letter of Completion to occupy the building, structure or land and a separate approval maybe required prior to occupancy.

(Both Owner and Tenant/Lessee are required to sign application prior to submission)

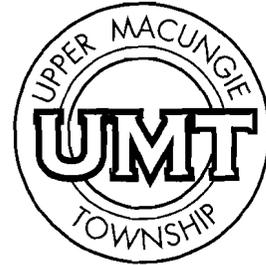
Signature of Owner: _____ Date: _____

Signature of Tenant/Lessee: _____ Date: _____

USE PERMITTED BY: _____	ZONING DISTRICT: _____
USE REVIEW FEE: \$75, EXCEPT APPROVED CONDITIONAL USES: \$100 PAID: _____	DATE: _____
APPROVED BY: _____	DATE: _____

UPPER MACUNGIE TOWNSHIP

8330 SCHANTZ ROAD
BREINIGSVILLE, PA 18031



(610) 395-4892 FAX (610) 395-9355

EMERGENCY CONTACT FORM

(Print only please)

Date: _____

Company Name: _____

Mailing Address: _____

Physical Address: _____

Office: () _____ **Fax:** () _____

Business Type: _____

Owner(s): _____

(Home Phone) (Cell Phone) (Other)

1st:
_____ (Name) (Title)
_____ (Home Phone) (Cell Phone) (Other)

2nd:
_____ (Name) (Title)
_____ (Home Phone) (Cell Phone) (Other)

3rd:
_____ (Name) (Title)
_____ (Home Phone) (Cell Phone) (Other)

If this information changes please fax the new information to:
Peter Christ, Upper Macungie Township (610) 395-9355.