

# OCCUPANCY PERMIT APPLICATION

RICHLAND TOWNSHIP  
322 SCHOOLHOUSE ROAD, SUITE 110  
JOHNSTOWN, PA 15904  
PHONE: 814 266-2922 EXT. 221 FAX: 814 266-2024

OCCUPANCY PERMIT # \_\_\_\_\_

Fee: \$100.00

APPLICATION DATE: \_\_\_\_\_

If the actual cost of the inspection for final occupancy exceeds the fee paid, all additional costs shall be reimbursed to the Township by the applicant.

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Telephone #: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Manager/Owner: \_\_\_\_\_

Number of Employees: \_\_\_\_\_ Rental Square Feet: \_\_\_\_\_

## OWNERSHIP

INDICATE ONE:  Sole Owner  Partnership  Corporation

NAME: \_\_\_\_\_ Phone #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

## PERSON RESPONSIBLE FOR LOCAL TAXES

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_

## PROPOSED USE

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

\_\_\_\_\_

**CHECK ALL THAT APPLY:**

WHOLESALE     RETAIL     SERVICE     HOME OFFICE  
 HOME BUSINESS (Special Exception) Approval Date: \_\_\_\_\_

Number of coin amusement machines on the premises : \_\_\_\_\_

Owner: Type (music, games, rides, etc.): \_\_\_\_\_

**RECYCLING / INFORMATION**

The Recycling Ordinance of Richland Township requires all businesses to recycle. Each business is responsible for contacting an approved hauler, maintaining records, and submitting a report of items recycled every year.

Recycling Contractor: \_\_\_\_\_

**INSPECTIONS REQUIRED**

The premises is required to be inspected for compliance with the regulations of Richland Township. Please call the Zoning and Codes Department to schedule an inspection of the premises after submitting this application to the Township Office.

Final Codes Inspection     Final Zoning Inspection ("As Builts" Required)

Application shall be accompanied by cash, check or money order made payable to Richland Township in the amount of \$100.00.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Use and Occupancy Classification: \_\_\_\_\_

Type of Construction: \_\_\_\_\_

**DO NOT WRITE BELOW THIS**

\_\_\_\_\_  
Zoning District: \_\_\_\_\_

APPROVED     DENIED reason: \_\_\_\_\_

BY: \_\_\_\_\_ Date: \_\_\_\_\_

Amount Paid: \_\_\_\_\_ Received By: \_\_\_\_\_ Receipt #: \_\_\_\_\_

Special stipulations and conditions (if any) relating to the permit:  
\_\_\_\_\_