



**RICHLAND TOWNSHIP**  
**322 SCHOOLHOUSE ROAD**  
**SUITE 110**  
**JOHNSTOWN PA 15904**  
**P. (814) 266-2922 F. (814) 266-2024**

**\$100.00 FEE**

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

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

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

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

Business Phone #: \_\_\_\_\_ Business Fax #: \_\_\_\_\_

Manager Name: \_\_\_\_\_

Number of Employees: \_\_\_\_\_ Business Space (Square Feet): \_\_\_\_\_

OWNERSHIP

INDICATE ONE: \_\_\_\_\_ Sole Owner \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ LLC \_\_\_\_\_ Other\*  
\*Explain: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

PERSON RESPONSIBLE FOR LOCAL TAXES\*

\*Must be a different than business address

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

PROPOSED USE

Description of Proposed Use/Business in Full Detail: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CHECK ALL THAT APPLY:

\_\_\_\_\_ WHOLESALE \_\_\_\_\_ RETAIL \_\_\_\_\_ SERVICE \_\_\_\_\_ HOME OFFICE \_\_\_\_\_ HOME BUSINESS

\_\_\_\_\_ OTHER: \_\_\_\_\_

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

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

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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: \_\_\_\_\_

**PLEASE NOTE:**

- The premises are required to be inspected **PRIOR** to opening for compliance with the regulations of Richland Township and the state of Pennsylvania. You are required to contact the Zoning and Codes Office at 814-266-2922 to schedule an inspection of the premises after submitting this application and **PRIOR** to renovations or business opening.
- 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: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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*This Box Is For Office Use Only:*

Use and Occupancy Classification: \_\_\_\_\_ Type of Construction: \_\_\_\_\_

Occupant Load: \_\_\_\_\_ Automatic Sprinkler System: \_\_\_\_\_

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

\_\_\_\_\_ Approved \_\_\_\_\_ Denied\*

\*Reason: \_\_\_\_\_

Special stipulations and conditions: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Submission Date: \_\_\_\_\_

Method: [ ] Cash [ ] Check # \_\_\_\_\_ [ ] Money Order # \_\_\_\_\_

Receipt # \_\_\_\_\_

Received By: \_\_\_\_\_

Revised 12/14/2021