

# Caernarvon Township

Main and Chestnut Streets  
P.O. Box 294  
Morgantown PA 19543

Code Enforcement Department

Permit No. \_\_\_\_\_

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## Application For USE & OCCUPANCY Permit

rev. 3 (August 2009)

<b>PART A: To Be Completed By Owner/Applicant</b>			
Name Of Property Owner:		Address:	
Phone No:			
Name Of Business:		Address:	
Phone No:			
Owner of Business/Contact Person:		Address:	
Phone No:			
Property Location:			
Subdivision Name:		Lot No:	Zoning District:
Tax PIN:	Lot Area:	Business Area:	
Type of Business: _____			
<b>STATEMENT BY APPLICANT:</b>			
I hereby certify that I am the PROPERTY OWNER/AGENT of PROPERTY OWNER and that I am authorized to make this application. Further, I/we agree to adhere to all applicable Caernarvon Township Ordinances and Regulations. I/we understand that once the permit review process has begun I am responsible for paying the cost of the permit, irrespective of whether I actually use the permit or not. I/we agree to be liable for all costs required to collect said fee(s).			
Signature of Applicant: _____		Date: _____	
Signature of Property Owner/Agent: _____		Date: _____	
<b>ADDITIONAL INFORMATION:</b>			

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## **PART B: TO BE COMPLETED BY THE ZONING OFFICER**

### **Additional Approvals:**

	Permit No.	Date
<input type="checkbox"/> Plumbing	_____	_____
<input type="checkbox"/> Driveway	_____	_____
<input type="checkbox"/> Fire Code	_____	_____
<input type="checkbox"/> Public Water	_____	_____
<input type="checkbox"/> On-Lot Sewage Disposal	_____	_____
<input type="checkbox"/> Public/Community Sewage Disposal	_____	_____
<input type="checkbox"/> Industrial Waste Discharge	_____	_____
<input type="checkbox"/> Labor & Industry	_____	_____
<input type="checkbox"/> Act 167 Compliance	_____	_____

### **Fees:**

Building Permit: \$ \_\_\_\_\_  
Plumbing Permit: \$ \_\_\_\_\_  
Electrical Permit: \$ \_\_\_\_\_  
Fire Code Permit: \$ \_\_\_\_\_  
**TOTAL DUE: \$ \_\_\_\_\_**

Check No. \_\_\_\_\_  
Date Paid: \_\_\_\_\_

### **Approval/Denial:**

Application Approved      Permit Expiration Date: \_\_\_\_\_  
 Application Denied

Reason(s) for Denial: \_\_\_\_\_

Zoning Officer's Signature: \_\_\_\_\_

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