

RECEIVED STAMP

Log Number

ZONING CHANGE-OF-USE / VERIFICATION-OF-USE PERMIT APPLICATION

COLLEGE TOWNSHIP MUNICIPAL OFFICES

1481 EAST COLLEGE AVENUE, STATE COLLEGE, PA 16801

Phone (814) 231-3021 Fax: (814) 231-3020

APPLICATION FEE DUE
ON SUBMISSION
\$35.00

Location of Proposed Use	Term of Use
Tax Parcel #: 19- _____ Number and Street: _____ Suite Space: _____	<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary If temporary list dates: From: <input type="text"/> To: <input type="text"/>

Occupant Information	Note: Do not forget to sign & date this application.
Business name: _____ Billing address: _____ Building gross floor area: _____ Lease area: _____ Number of Parking Spaces (Except Shopping Mall & Centers): <input type="text"/> Previous Tenant (If known): _____ State the nature of your business: _____	Contact name: _____ Phone: _____ Fax: _____ Email: _____ Zoning District: <input type="text"/>
<input type="checkbox"/> Provide a floor plan layout of the building and your lease space (required)	Additional comments: _____

_____	_____	_____	_____
Applicant Signature, Company & Title	Print Name	Phone No.	Date

Informative
1. If your proposal requires additional work (addition, alteration, repair/replace, demolition, electrical, plumbing or sprinkler system work) an Application for Building Permit is required, (AND must include letter of approval from property owner). This document would be part of the Building Application submission. 2. Any proposed use of signage shall also require a permit application and approval.

Property Owner Information
Name: _____ Phone: _____ Address: _____ Contact: _____ Other: _____

Property Owner's Approval (required) _____ Print Name _____ Date _____

Note: this application cannot be accepted for review unless it is signed by the property owner.

Zoning Use Only:
Application Approval: _____ Date: _____