

TOWNSHIP OF CENTER
Beaver County, Pennsylvania
APPLICATION FOR OCCUPANCY PERMIT

** Applications for structures to be constructed which access to state highway must be accompanied by State Highway Occupancy Permit Number as issued by the state.

Application No. _____

TO: Center Township Zoning Officer

224 Center Grange Road

Aliquippa, PA 15001

Applicant's Name _____

Mailing Address _____

Telephone No _____

Applicant hereby applies for a permit to occupy or use the premises located at:

Beaver County Tax Parcel No. _____

Zone Classifications:

1. R-1: Low Density Residential District
2. R-2: Suburban Residential District
3. R-3: Urban Residential District
4. R-4: Multi-Family Residential District
5. E-C: Educational Campus
6. B-S: Business Park District
7. C-1: Limited Commercial District
8. C-2: General Commercial District
9. C-3: Transitional Commercial
10. C-4: Mixed Use Commercial
11. OP: Office Park
12. I-1: Industrial

Owner's Name (if other than Applicant):

Owner's Address: _____

Owner's Telephone No. _____

1. Occupancy and use of a new building or structure.
2. Occupancy and use of a building or structure that has been structurally altered.
3. Occupancy and use of a building or structure that has been moved or relocated.
4. Change in the use of an existing building or structure.
5. Change in the lease or transfer of ownership of an existing building or structure, a residential dwelling unit, or dwelling.
6. Change or extension of a nonconforming use, building, or structure

Proposed use: _____

Proposed Use Was a Building Permit Required Yes No

Building Permit Number: _____ Date of Occupancy _____

Date of Zoning Officer's final inspection after construction completed _____

All inquiries will be directed to the Applicant unless otherwise requested.

This application must be filed with the Township Secretary at the Municipal Building, 224 Center Grange Road, Center Township, Aliquippa, PA 15001.

Date of Application: _____

Applicant Signature

Payment of the following fees must accompany this application:

A. BASE FEE:

1. Each single-family residential dwelling: \$10.00
2. Each mobile-family: \$10.00
3. Multi-family residential building: \$10.00 for each dwelling unit therein.
4. Each commercial unit: \$35.00 plus \$10.00 per each 5,000
5. Square feet of gross floor area, or fraction thereof.
6. Each institutional or educational unit: \$35.00 plus \$10.00 per 5,000 square feet of gross floor area, or fraction thereof.
7. 6. Each industrial unit: \$50.00 plus \$10.00 per 5,000 square feet of gross floor space, or fraction thereof.
8. Each accessory structure or unit for a non-residential use: \$10.00 plus \$10.00 per 5,000 square feet of gross floor area, or fraction there-of.

B. SUPPLEMENTAL FEE: In addition to the base fee, the applicant shall pay the full costs of all services actually performed by the Township Engineer and/or Township Inspector in connection with the review and approval of the application, inspection for compliance during the progress of the permitted work, and certification of compliance upon completion of the work. The supplemental fee shall be paid prior to the issuance of an occupancy permit.

Date Security Deposit Paid to Center Township
Water Authority _____

Receipt # _____ Amount Paid _____

CENTER TOWNSHIP WATER AUTHORITY

By _____

Date Security Deposit Paid to Center Township
Sewer Authority _____

Receipt # _____ Amount Paid _____

CENTER TOWNSHIP SEWER AUTHORITY

By _____

Date Application Filed with
Township Secretary _____

Receipt # _____ Amount Paid _____

TOWNSHIP OF CENTER

By _____

Date Application Received by
Zoning Officer _____

Zoning Officer

AS APPLICABLE:

1. Building Permit No. _____: Issued _____, 20_____
2. Date of final inspection after construction completed _____
3. Are Center Township Water Authority and Center Township Sewer Authority forms attached and executed?
 Yes No
4. Does the construction appear to comply with the height, yard and area requirements of the Zoning Ordinance?
 Yes No
5. Is the proposed occupancy a permitted use under the Zoning Ordinance:
 Yes No
State Deficiencies _____

6. ACTION:

APPROVED: Occupancy Permit No. _____
ISSUED: _____, _____

Paragraph 3 (b), 4 (b), and/or 5 (b) above.
Other Reasons: _____

Date of Decision _____

Zoning Officer

NOTICE TO APPLICANT: If this application is not approved by the Zoning Officer, you may, within thirty (30) days after the date of his or her decision, appeal to the Center Township Zoning Hearing Board. Forms for this purpose may be obtained at the Center Township Municipal Building, 224 Center Grange Road, Aliquippa, PA 15001.

Date Decision Mailed to Applicant

Zoning Officer

Date Decision Filed with Secretary

Secretary