

TOWNSHIP OF CENTER, Beaver County, Pennsylvania

APPLICATION FOR OCCUPANCY PERMIT

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

TO: Center Township Zoning Officer
224 Center Grange Road
Aliquippa, PA 15001

APPLICATION NO. _____

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:

- ___ R-1 Low Density Residential District
- ___ R-2 Suburban Residential District
- ___ R-3 Urban Residential District
- ___ R-4 Multi-Family Residential District
- ___ E-C Educational Campus
- ___ B-S Business Park District

- ___ C-1 Limited Commercial
- ___ C-2 General Commercial
- ___ C-3 Transitional Commercial
- ___ C-4 Mixed Use Commercial
- ___ OP Office Park
- ___ I-1 Industrial District

Owner's Name (if other than Applicant) _____
Owner's Address _____
Telephone No. _____

Type of Occupancy Permit:

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 _____

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 Square feet of gross floor area, or fraction thereof.
5. Each institutional or educational unit: \$35.00 plus \$10.00 per 5,000 square feet of gross floor area, or fraction thereof.
6. Each industrial unit: \$50.00 plus \$10.00 per 5,000 square feet of gross floor space, or fraction thereof.
7. 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 thereof.

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 # _____ Amt. Pd. _____

CENTER TOWNSHIP WATER AUTHORITY

BY _____

The applicant, by signature, agrees to abide by all applicable Ordinances of the Township of Center and applicable Resolutions and Regulations of the Center Township Sanitary Authority, including, but not limited to, the timely payment of monthly sewer bills at the rate now or hereafter prevailing, in consent to the collection of delinquent billings, including penalties, interests, & costs, by action in assumpsit by termination of water services or in any other manner provided by law for the recovery of municipal claims.

CENTER TOWNSHIP SANITARY AUTHORITY

BY _____

Date Application Filed with
Township Secretary _____
Receipt # _____ Amt. Pd. _____

TOWNSHIP OF CENTER

BY _____

CENTER TOWNSHIP BUREAU OF FIRE

Inspection Date: _____

Center Township Fire Marshal

Date Application Received by
Zoning Officer _____

Zoning Officer

FOR USE OF ZONING OFFICER

AS APPLICABLE:

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

State Deficiencies _____

6. ACTION:

_____ APPROVED: Occupancy Permit No. _____
ISSUED: _____, 20 _____

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