



BOROUGH OF CATASAUQUA

90 Bridge St.
Catasauqua, PA 18032
Ph. 610-264-0571/Fax 610-264-8228
www.catasauqua.org

USE & OCCUPANCY APPLICATION

<u>BOROUGH USE ONLY</u>	
Permit # _____	_____
Prop. ID# _____	_____
Received Stamp	

This is your **Application** (not your permit to occupy) and it must be approved before you can occupy a property, building or space inside. If you are planning renovations/additions, you must also apply for a Building Permit. If you are planning site work, a Grading Permit is also required.

PROPERTY INFORMATION

TAX PARCEL # _____

Property Address _____ Suite/Unit Number _____

RESPONSIBLE PARTIES

Is This Application Being Made By The Property Owner? Yes No → If Not, Then By Whom? Tenant Other _____

Property Owner: _____

Address: _____

Contact Person _____ Email Address: _____

Phone #: (____) _____ Alternate Phone #: (____) _____ Fax #: (____) _____

Proposed Occupant

Business Name _____

Business Address _____

Contact Person _____ Email Address: _____

Phone #: (____) _____ Alternate Phone #: (____) _____ Fax #: (____) _____

PROPOSED USE/OCCUPANCY INFORMATION

Choose One: New Use Change In Use Temporary Use > Time Period _____
 Accessory Use Other _____

Proposed Use of Property/Space: _____

Date Planning to Open/Begin Use: _____ Previous Use of Property/Building/Space: _____

Area to be Occupied: _____ s.f./ac. → A Plan of the Proposed Area shall be included with Application

Hours of Operation: _____ Number of Employees: _____

Shifts? Yes No

If Yes, Describe _____

Is off-street parking provided for this use? Yes No Number of Spaces: _____

Are any renovations planned to accommodate the proposed use of the property? Yes No

If Yes, check planned work below:

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Moving Walls | <input type="checkbox"/> Adding/Altering Stairways | <input type="checkbox"/> Alarm System |
| <input type="checkbox"/> Adding/Enlarging Windows or Doors | <input type="checkbox"/> Ramps | <input type="checkbox"/> Sprinklers |
| <input type="checkbox"/> Roofing | <input type="checkbox"/> Bathrooms | <input type="checkbox"/> Signs |
| <input type="checkbox"/> Siding | <input type="checkbox"/> Electrical | <input type="checkbox"/> Site Work |
| <input type="checkbox"/> Foundation Work | <input type="checkbox"/> Heating/Cooling/Ventilation Systems | <input type="checkbox"/> Other _____ |

Will waste, other than domestic household waste, be discharged into the septic/sewer system? Yes No

If Yes, Describe _____

The application, together with plans and attachments, are made part of this application by the undersigned. The Applicant certifies that occupancy of the property/building/space will not take place until this application is approved and any related building or site construction are completed and approved by Borough of Catasauqua. As may be necessary, the property owner and Applicant shall assume the responsibility of locating all property lines, setback lines, easements, rights-of-way, flood areas, utilities, etc. Issuance of a Use & Occupancy Permit shall not be construed as authority to violate, cancel or set aside any provisions of the codes or ordinances of Borough of Catasauqua or any other governing body. The Applicant certifies he/she understands all the applicable codes, ordinances, and regulations.

By signing this application, authorization is granted to any municipal representative of Borough of Catasauqua to access the above property as stated within this application at any reasonable hour; to inspect and verify that the proposed use contained within this application and/or that exists on the above property complies with all Borough of Catasauqua ordinances; and states that the information provided on this application by the Applicant(s) and owner(s) is true and correct to the best of their knowledge or belief.

~BOTH SIGNATURES REQUIRED~

OCCUPANT(S) SIGNATURE _____

PROPERTY OWNER(S) SIGNATURE _____

PRINT NAME: _____

PRINT NAME: _____

DATE: _____

DATE: _____

Payment must accompany this application and must be submitted in CASH or CHECK, payable to: "Borough of Catasauqua"

DO NOT WRITE BELOW THIS LINE

BOROUGH USE ONLY

DATE APPLICATION DEEMED COMPLETE _____

PERMIT FEES			IMPACT FEES	
UCC REVIEW			TRAFFIC	
Change of Use UCC Inspection	\$	<input type="checkbox"/> Deposit – BALANCE DUE <input type="checkbox"/> Cash <input type="checkbox"/> Check _____ Receipt # _____	_____ Trips	<input type="checkbox"/> Cash <input type="checkbox"/> Check _____ Receipt # _____
Twp Admin & Education Fee	\$ 104.00		x \$ 684/trip	
TOTAL FEES	\$		\$	
ZONING			OPEN SPACE	
ZONING U&O Permit Fee	\$	<input type="checkbox"/> Cash <input type="checkbox"/> Check _____ Receipt # _____	_____ Acres	<input type="checkbox"/> Cash <input type="checkbox"/> Check _____ Receipt # _____
ESCROW				
SITE PLAN REVIEW	\$	<input type="checkbox"/> Cash <input type="checkbox"/> Check _____ Receipt # _____		