

TOWNSHIP OF CENTER
Beaver County, Pennsylvania
APPLICATION FOR OCCUPANCY PERMIT

TO: Center Township Zoning Officer APPLICATION NO. _____
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. _____ R-5 Mobile Home Park District
6. _____ B-S Business Park District
7. _____ C-1 Limited Commercial District
8. _____ C-2 General Commercial District
9. _____ 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 _____

Date Security Deposit Paid
to Center Township Sewer
Authority _____
Receipt # _____ Amt. Pd. _____

CENTER TOWNSHIP SEWER AUTHORITY
BY _____

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

TOWNSHIP OF CENTER
BY _____

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 Sewer 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