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WASHINGTON TOWNSHIP MUNICIPAL COMPLEX | ADMINISTRATIVE OFFICES
11798 BUCHANAN TRAIL EAST, WAYNESBORO, PA 17268
Phone: 717-762-3128 | Fax: 717-762-1775 www.washtwp-franklin.org

Application for USE & OCCUPANCY PERMIT

Location (Exact Street Address)		Business Name (if applicable)	
Proposed Use		Current Use (or previous use if vacant)	
What part of the building will you occupy?	How much space?	Is space now vacant? <input type="checkbox"/> Yes <input type="checkbox"/> No	How long has it been vacant?
	Applicant	Owner	Additional Contact
Name			
Firm Name (if appl.)			
Address			
City/State/Zip			
Phone			
Fax			
Email			
Mail Certificate to (check one): <input type="checkbox"/> Applicant <input type="checkbox"/> Owner <input type="checkbox"/> Additional Contact			
Who will meet the inspector at the property (check one)? <input type="checkbox"/> Applicant <input type="checkbox"/> Owner <input type="checkbox"/> Additional Contact			

The undersigned hereby attests to the above information as accurately describing the premises and proposed occupancy to the best of his/her knowledge and ability and that he/she has the permission of the owner(s) or agent to make this application and allow all necessary inspections of the premises. Any falsification or misinformation may result in enforcement of penalties prescribed in local ordinance and state law. The undersigned understands that completion of this form does not allow occupancy of the premises.

Signature of Applicant: _____ Date: _____

Application Checklist			Inspections
Zoning Compliance:	<input type="checkbox"/> Special Exception	<input type="checkbox"/> Variance	<input type="checkbox"/> Storm water <input type="checkbox"/> Swales <input type="checkbox"/> Driveway <input type="checkbox"/> Yards <input type="checkbox"/> WTMA
Special Notes:	Expires:	Case #	
<input type="checkbox"/> Driveway complete with swale or pipe	<input type="checkbox"/> Storm water requirements complete	<input type="checkbox"/> Front swale established grass:	
<input type="checkbox"/> Front, side & rear yards graded & seeded per approved plan			
Checked by Building Code Official:		<input type="checkbox"/> Fee Paid:	
Certificate #	Date Issued:	Cancelled or Rejected:	

Date Approved: _____ Township Planner: _____