

COMMERCIAL ZONING PERMIT APPLICATION

For the Borough of Downingtown

(NEW BUSINESS – Fee \$175)

Application is hereby made for a permit to operate and conduct business in the Borough of Downingtown. The information which follows, together with the location diagram, is made part of this application by the undersigned. It is understood and agreed by this applicant that any error, misstatement or misrepresentation of material fact, either with or without intention on the part of this applicant, may cause a denial of this application, or any change in the location, size or use of structure or land made subsequent to the issuance of this permit, without approval of the Zoning Officer, shall constitute sufficient grounds for the revocation of this permit. No commercial operation may be used as a temporary or permanent type of residence without the permission of the Zoning Officer or permission from the Zoning Hearing Board. Any changes made in regards to the type of business, hours of operation, or officers and their contact information shall be submitted to the Zoning Officer within 48 hours. Failure to do so may result in fines and/or the revocation of the Use & Occupancy Permit.

I hereby acknowledge and understand the statement above (initial) _____

The undersigned applies to the Borough of Downingtown for a Zoning Permit under the provisions of the Zoning Ordinance and other applicable Codes of the Borough of Downingtown. A U&O inspection will take place prior to the opening of the business to confirm that the information contained within this application is accurate as stated. If at the time of inspection, it is found that the information on this application is not consistent with the circumstances present at the proposed place of business, it is the right of the Zoning Officer to deny the issuance of the Use & Occupancy Permit due to the failed inspection.

Please complete each line. If not applicable, please note as such.

LOCATION, OWNERSHIP AND PRESENT USE OF PROPERTY

1. Property Location (Street and Number)
2. Owner's Name
3. Deed Reference
4. Parcel Number.....
5. Zoning District
6. Owner's Address
7. Owner's Telephone Number.....
8. Present / Previous Occupant

PROPOSED TYPE OF BUSINESS

1. (check one)

- ☐ FOOD SERVICE
- ☐ RETAIL
- ☐ MANUFACTURING
- ☐ IMPORT/EXPORT
- ☐ BUILDING TRADE
- ☐ SHOWROOM
- ☐ INSTITUTIONAL/ CARE PROVIDER
- ☐ EDUCATIONAL
- ☐ ASSEMBLY TYPE

2. OTHER (PLEASE DESCRIBE INDUSTRY)

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3. Name of Business

4. Established Date

5. Business Structure (i.e. Corp., LLC)

6. Description of Business Activity

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7. Days and Hours of Operation

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8. Expected Opening Date

9. Number of Employees

10. Type of merchandise/products/goods that are sold or manufactured

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11. Will the Business offer any type of consignment sale opportunity to the public?

☐ yes ☐ no

12. If yes, please describe:

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.....

13. Will the business offer any type of “we pay cash for” services or any type of purchasing from the public? ☐ yes ☐ no

14. If yes, please describe:

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15. Will this business omit any kind of odors? ☐ yes ☐ no

16. If yes, please describe:

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17. Will this business create any loud noises? ☐ yes ☐ no

18. If yes, please describe:

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19. What is the vehicular impact to the location of the business?

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20. Will you be creating any type of special waste? ☐ yes ☐ no

21. If yes, please describe:

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22. Knox box location

23. Will any hazardous materials be used or stored at the location? ☐ yes ☐ no

24. If yes, please list where they are stored and how:

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25. Location of fire panel.....

26. Location of alarm panel

27. Are there other locations operating? ☐ yes ☐ no

28. If yes, please list:

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29. Are you relocating from a different location? ☐ yes ☐ no

30. If yes, from where:

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.....

31. Trash service provider

FLOOR PLAN

Along with this application, please submit a floor plan illustrating from an aerial view how the business will be set up. Include any set up required out side the building. The plan may be hand sketched or drafted by a professional. Please be as descriptive as possible and include dimensions from adjacent structures. Include the following:

- location of the proposed business/primary structure
- show planned parking for employees
- show planned parking for customers
- driveway or off street parking areas
- roads or alleyways adjoining the property
- location of any other buildings/structures on the property
- any other physical features on the premises

Also, the location of any buildings or structures proposed shall be shown with distances to the boundaries of the property as well as the center of the roadway.

Any changes made to the contact information must be presented to the zoning officer of the Borough within 48 hours of the change.

CONTACT INFORMATION

Business owner's name

Address

Phone number

Email

1st person for emergency contact (may be the same as above)

Name

Phone number 1

Phone number 2

Position

Estimated response time

2nd person for emergency contact

Name

Phone number 1.....

Phone number 2

Position

Estimated response time

3rd person for emergency contact

Name

Phone number 1.....

Phone number 2

Position

Estimated response time

SIGNATURES

I, the undersigned, understand that a material misrepresentation in this application is grounds for revocation of any permit issued. I also further agree that the use of said premises shall be in strict accordance with the Borough of Downingtown Zoning Ordinance, as well as any other applicable ordinances at the Borough, County, State and Federal levels. If additional construction or alterations are required, I understand that a final compliance inspection for use/work shall be applied for by me, before using or occupying the property.

APPLICANT:

- 1. Name of Applicant
- 2. Address of Applicant
- 3. Involvement with project
- 4. Telephone Number of Applicant
- 5. Applicant's Signature
- 6. Date