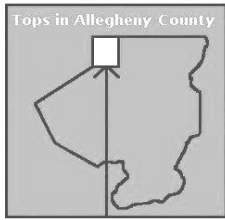


2022



MARSHALL TOWNSHIP
525 PLEASANT HILL ROAD
SUITE 100
Wexford, PA 15090

APPLICATION FOR USE AND CERTIFICATE OF OCCUPANCY

Date: _____ Phone: _____ Email: _____

Applicant's Name and address: _____

Name of Building intended to occupy: _____
(number and street)

Floor/Office Number: _____ Zoning District: _____

Is the building: stand alone? multi-office Square footage of use: _____ sf

Number of Employees (By Shift): _____ Number of parking spaces needed: _____

Number of Customers: _____ Number of parking spaces needed: _____

Hours of operation: _____

Will the site be used for warehousing/storage? Yes No Will heavy equipment be utilized? Yes No

Will there be hazardous materials on site (Medical supplies, x-ray machines, etc.)? Yes No

If so, what type of hazardous materials? _____

Please describe **in detail** the nature of your business (attach more pages if necessary):

I HEREBY CERTIFY THAT ALL INFORMATION PRESENTED BY ME IN THIS APPLICATION IS TRUE AND CORRECT.

Applicant's Signature Date

DO NOT WRITE IN THIS SPACE. OFFICIAL USE ONLY.

Planning Director/Zoning Officer: _____ Date Reviewed: _____

Approved / Denied (circle one) Comments or reason for denial: _____

Conditions: _____

Building Inspector/Fire Marshall: _____ Date Reviewed: _____

Approved / Denied (circle one) Comments or reason for denial: _____

Conditions: _____

Fee Paid: _____ Fee Due: _____

PROJECT RESPONSIBILITY FORM:

FINANCIAL RESPONSIBILITY

PROJECT NAME: _____

NAME OF PERSON OR ENTITY RESPONSIBLE FOR MAINTAINING ESCROW BALANCE:

MAILING ADDRESS WHERE ESCROW STATEMENTS WILL BE SENT:

EMAIL ADDRESS: _____

DAYTIME PHONE: _____

SIGNATURE:

PROJECT MANAGEMENT RESPONSIBILITY

NAME OF PERSON RESPONSIBLE FOR RECEIVING AND SIGNING THE TOWNSHIP CONDITIONS OR DENIAL LETTER

MAILING ADDRESS: _____

EMAIL ADDRESS: _____

DAYTIME PHONE: _____

SIGNATURE:

-MUNICIPAL USE ONLY-

TOWNSHIP FILE #: _____

APPLICATION FEE: _____ CHECK #: _____

ESCROW AMOUNT: _____ CHECK #: _____

DIGITAL SUBMITTAL WAIVER FEE: _____ CHECK #: _____

MTMSA FEE: _____ CHECK #: _____
