



Borough of Rochester

350 ADAMS STREET
ROCHESTER, PA 15074
Phone: (724) 775-1200
Fax No.: (724) 775-7020

ZONING USE CERTIFICATE APPLICATION

1. APPLICANT(S): _____ DATE: _____

2. APPLICANT(S) HOME ADDRESS: _____

3. TELEPHONE: HOME _____ WORK _____

4. PROPERTY ADDRESS: _____

ZONING DISTRICT: _____ PARCEL #: _____ LOT SIZE: _____

5. PROPERTY OWNER(S): _____

6. PROPERTY OWNER(S) ADDRESS: _____

7. CURRENT USE OF PROPERTY: _____

8. PROPOSED USE OF PROPERTY: _____

9. BUSINESS NAME: _____

PLEASE READ CAREFULLY:

APPLICATIONS WILL NOT BE ACCEPTED UNLESS COMPLETED IN FULL, SIGNED, AND THE FEE IS PAID IN FULL. A PLOT PLAN MUST ACCOMPANY THE APPLICATION INDICATING ALL PROPERTY LINES AND THEIR LENGTHS, LOCATIONS OF EXISTING BUILDINGS AND DISTANCES TO LOT LINES, SIZE AND/OR DIMENSIONS OF EXISTING BUILDINGS, NAMES OF ROADWAYS ABUTTING LOT LINES, OFF-STREET PARKING AND LOADING LOCATIONS, AND THE USE AND ADDRESSES OF CONTIGUOUS PROPERTIES . ADDITIONAL ATTACHMENTS AND SUPPLEMENTS MAY BE REQUIRED BY THE CODE ENFORCEMENT OFFICE. _____ (INITIAL HERE)

BY SIGNING BELOW, YOU ARE STATING THAT YOU ARE AWARE THAT A BUSINESS CANNOT OPEN UNTIL A CERTIFICATE OF OCCUPANCY HAS BEEN ISSUED. PLEASE ALLOW SUFFICIENT TIME FOR A PROPERTY INSPECTION AND CORRECTIONS THAT MAY BE NECESSARY PRIOR TO OPENING. _____ (INITIAL HERE)

I / WE THE UNDERSIGNED, CERTIFY THAT THE INFORMATION ABOVE AND ATTACHED IS TRUE AND CORRECT AS I / WE BELIEVE.

APPLICANT(S)' SIGNATURE: _____ DATE: _____

FOR BOROUGH OF ROCHESTER OFFICE USE ONLY

PERMIT NUMBER: _____ DATE: _____

FEE: \$ _____ COLLECTED BY: _____

CONDITIONAL USE APPROVAL REQUIRED? () YES () NO

PLANNING COMMISSION MEETING DATE: _____

RECOMMENDATION: APPROVE () DISAPPROVE ()

BOROUGH COUNCIL MEETING DATE: _____

VOTE: APPROVED () DISAPPROVED ()

ZONING VARIANCE REQUIRED? () YES () NO

CODE / ZONING HEARING BOARD DATE: _____

VOTE: APPROVED () DISAPPROVED ()

PERMIT APPROVAL

APPROVED () DISAPPROVED () _____ DATE: _____
ZONING OFFICER