

Permit # \_\_\_\_\_

Date: \_\_\_\_\_

Fee: \_\_\_\_\_

**NOTE: HOME OCCUPATIONS MUST COMPLETE IN-HOME BUSINESS  
QUESTIONNAIRE**

**APPLICATION TO THE ZONING OFFICER FOR A USE PERMIT**

The undersigned applies to the Zoning Officer of Cumru Township for a Use (or Occupancy) Permit under the provisions of the Zoning Ordinances of the Township of Cumru, Ordinance No. 306, to make the following described use of the premises as set forth herein:

1. Exact location of premises: \_\_\_\_\_  
(Including name of Subdivision)
2. Name of Owner(s) Manager: \_\_\_\_\_
3. Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_
4. Proposed Occupant: \_\_\_\_\_ Name of Business: \_\_\_\_\_
5. Proposed Occupant's Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_
6. Hours of Operation: \_\_\_\_\_ Type of Business: \_\_\_\_\_
7. Zoning Classification: \_\_\_\_\_ No of Employees: \_\_\_\_\_ No of Parking Spaces on site: \_\_\_\_\_
8. Current use of property: \_\_\_\_\_ Sq. Ft. of Working Area: \_\_\_\_\_ Sq. Ft. of Living Space: \_\_\_\_\_
9. Add. Construction/Alt. Needed? \_\_\_\_\_ Permits Required/Permit Numbers: \_\_\_\_\_
10. Types/Numbers of Business related vehicles on property: \_\_\_\_\_  
\_\_\_\_\_
11. Type of Machinery/Equip. to be used for Proposed Business: \_\_\_\_\_  
\_\_\_\_\_
12. Will signs be placed on property? \_\_\_\_\_ Sign Permit Number: \_\_\_\_\_ Location of Sign: \_\_\_\_\_
13. Lot size: \_\_\_\_\_ Front Yard: \_\_\_\_\_ Left Side Yard: \_\_\_\_\_ Right Side Yard: \_\_\_\_\_  
Rear Yard: \_\_\_\_\_ Other: \_\_\_\_\_
14. Describe any accessory building to be used: \_\_\_\_\_
15. Date of Proposed Occupancy: \_\_\_\_\_ Date Filed: \_\_\_\_\_

I understand that a material misrepresentation in this application is ground for revocation of any permit issued. The applicant further agrees that the use of said promises shall be in strict accordance with all applicable Ordinances of the Township and State Laws. If additional construction or alterations are required I understand that a final compliance inspection for use work shall be applied to by me, before using or occupying the property.

Signature of Applicant: \_\_\_\_\_

Phone: \_\_\_\_\_

**FOR ACTION BY THE TOWNSHIP ZONING OFFICER**

Date and time of Application: \_\_\_\_\_ Zoning Classification District: \_\_\_\_\_

Does proposed use conform to District requirements? \_\_\_\_\_

If accessory uses, do they conform? \_\_\_\_\_ Required off-street parking provided? \_\_\_\_\_

Valid non-conforming use? \_\_\_\_\_

List non-conforming use: \_\_\_\_\_

Approved on: \_\_\_\_\_ A.M. \_\_\_\_\_ P.M. \_\_\_\_\_

Application refused because: \_\_\_\_\_

Application referred to Zoning Board of Adjustment on: \_\_\_\_\_

Reason: \_\_\_\_\_

\_\_\_\_\_  
ZONING OFFICER

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**FOR ACTION BY THE POLICE DEPARTMENT**  
**(ONLY FOR THE SALE OF FIREWORKS)**

\_\_\_\_\_  
DATE

\_\_\_\_\_  
POLICE OFFICER