



USE AND OCCUPANCY PERMIT APPLICATION

COMMERCIAL RESALE /CHANGE IN OWNER/ CHANGE IN USE

*Please complete ALL sections
Application to be filed ten (10) days prior to date requested for final inspections*

101 Commerce Drive | Exton, PA 19341 | (610) 363-9525 x2157 | permits@westwhiteland.org

Property Information:

Property/Site Location:			
Date:	Lot Size:	Tax Parcel #:	Zoning District:
Square Footage of Building (sq/ft):		Square Footage of Tenant Space (sq/ft):	
Is Proposed Structure an Historically Designated Property?		Yes:	No:
Is Proposed Structure Within 300' of an Historically Designated Property?		Yes:	No:
Is Historical Commission Approval Required?		Yes:	No:
Is the Property located in a Flood Zone?		Yes:	No:
Business Type: <input type="checkbox"/> Commercial		Sprinklered	Yes: No:

Automatic Fire Alarm Yes: No:

Selling Property -Owner Name:

Address:	
Email:	Phone:

New Owner/Tenant Information:

Resale: Re-Occupancy:

Proposed Building Use:	Prior Building Use:
Proposed Business Name:	
New Owner /Tenant Name:	
Address:	
Email:	Phone:
Zoning Hearing Board Conditions Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Use & Occupancy Approval Section:

Settlement or Lease Date: _____

Contractor Name:		D/B/A:
Address:		
Email Address:		Phone:
Signature Owner/Agent:		Date:
Cost of Improvement:		PA Contractor #:
U&O Fee:		
Occupancy Classification:	Occupant Load:	
Zoning Officer:		Date:
Code Officer:		Date:
Public Works Officer:		Date:

Retail Sales: Yes No Are Sprinklers Installed? Yes No

No. Parking Spaces Provided: _____

Will change require addition, alteration, renovations, or fit out? Yes No

If yes, please file appropriate permit applications.



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The applicant certifies that all information on this application is correct & the work, if properly submitted, authorized and approved, will be completed in accordance with the “approved” construction documents & PA Act 45 (Uniform Construction Code) & any additional approved building code requirements adopted by the Municipality. The property owner & applicant assumes the responsibility of locating the property lines, setback lines, easements, rights-of-way, flood areas, etc.

Issuance of a permit & approval of construction documents shall not be construed as authority to violate, cancel or set aside any provisions of the codes or ordinances of the Municipality or any other governing body. The applicant certifies he/she understands all the applicable codes, ordinances & regulations.

Application for a permit shall be made by the owner or lessee of the building or structure, or agent of either, or by the registered design professional employed in connection with the proposed work.

I certify that the code administrator or the code administrator’s authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

Signature Owner/Agent:		Date:	
Print Name of Signature:			

**All applications with relevant documents are to be submitted electronically to
permits@westwhiteland.org**

We accept one hardcopy that may be dropped off or mailed to West Whiteland Township

Please remember to review the *Permit Checklist* for application requirements prior to submitting for review

Completed Sewer Survey is required to be submitted with permit application



SEWER SURVEY

Subject to all provisions of the Township Code Chapter 253, Part 1, Article I, §253-1 to 253-12

Residential New Construction, Enlargement, and Change in Use
Name of Multi-Unit Residential Development: _____
Developer Name (if applicable): _____
Property Location Address: _____
Total # of Existing/Proposed Units with 2 or more bedrooms or 1 bedroom and a den: _____
Total # of Existing/Proposed Units with 1 or less bedroom (studio and/or no den): _____
Auxiliary Uses: (list on attached chart) _____
Existing Usage: _____ total GPD (gallons per day)
Required Capacity: _____ total GPD (gallons per day)
Owner's Name: _____
Owner's Mailing Address: _____

Non-Residential/Commercial New Construction, Enlargement, and Change in Use
Name of Non-Residential Business: _____
Development Name (if applicable): _____
Property Location Address: _____
Existing Use at Location (list on attached chart): _____
Proposed Use at Location (list on attached chart): _____
Existing Usage: _____ total GPD (gallons per day)
Required Capacity: _____ total GPD (gallons per day)
Additional Capacity Required (determined by Township): _____ GPD
Aqua Account Number: _____
Owner's Name: _____
Owner's Mailing Address: _____

*Required Capacity shall be certified by a Professional Engineer and is subject to Township approval. Capacity shall be based on maximum daily wastewater flow.

**PLEASE COMPLETE CHART BELOW FOR ALL
RESIDENTIAL AUXILIARY USES AND NON-RESIDENTIAL BUILDINGS**

Suite/Address	Tenant & Use	SQFT of Unit	Capacity Required (GPD)

Name of Individual Completing Form: _____

Phone: _____ Email: _____

Examples of Use

- Restaurant
- School
- Office Space
- Beauty Salon
- Warehouse
- Retails
- Doctor's Office
- Hotel/Motel
- Gas Station
- Industrial

VERIFICATION

I, _____, as the owner, or owner's authorized agent for the subject property, hereby make this verification and state that the information provided on this West Whiteland Sewer Survey for the property located at _____ is true and correct to the best of my knowledge, information, and belief. I further acknowledge and agree that if the above information is deemed by West Whiteland Township to be inaccurate, all additional fees for sewer usage assessed by West Whiteland Township must be paid immediately upon receipt of an invoice for such. This information is made subject to the penalties of 18Pa.C.S. §4904 relating to unsworn falsification to authorities.

Signature _____

Date _____