

HANOVER TOWNSHIP - LEHIGH COUNTY

2202 GROVE ROAD ALLENTOWN, PA 18109

P- 610-264-1069 F - 610-264-2773

ZONING USE APPLICATION/PERMIT

(NOTICE – THIS PERMIT IS VOID WITHIN SIX (6) MONTHS OF DATE OF APPROVAL UNLESS WORK OR USE HAS STARTED)

APPLICATION USE PERMIT NO.: _____ ISSUED _____ BLDG. PERMIT NO. _____

A. LOCATION, OWNERSHIP & PRESENT USE OF PROPERTY:

1. Street & Number _____
2. Deed Owner _____
3. Owner's Address _____
4. Present Tenant _____
5. Present Use of Structure _____
If residential, Number of families _____
6. Present Building, Describe _____
7. Present Use of Land _____

Site is located in _____ Zone as shown on Zoning Map

Application is hereby made for a permit to use the premises for the purposes described herewith. The information which follows, together with location diagram, is made part of this application by the undersigned. It is understood and agreed by this applicant that any error, misrepresentation of material fact, either with or without intention on the part of this applicant, such as might or would operate to cause a refusal 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 ground for the revocation of this permit. All statements made herein are true and correct and all supporting documents hereto are true and correct and will be adhered to in every respect.

B. PROPOSED USE OF STRUCTURE AND /OR LAND*(SEE BELOW):

1. Type of Work : CHANGE OF USE IN EXISTING STRUCTURE _____ NEW BLDG _____
Change of ownership of Existing Business _____ OTHER _____
2. Proposed Use of Structure _____
If residential – No. of families _____
3. Proposed Use of Land _____
4. Proposed Business Name _____
5. Type of Business (Explain) _____

Number of Employees _____

Number of Company owned vehicles _____

6. Do you report hazardous materials to Lehigh County? _____ To the State? _____
7. Do you have a Risk Management Plan per EPA 40 CFR part 68? _____
8. Do you have Process safety Management per OSHA 29CFR 1910.119? _____

C. OWNER OF BUSINESS: PLEASE PRINT CLEARLY

1. Name of Applicant _____ Phone # _____
2. Address of Applicant _____
3. Owner, Lessee or Authorized Agent _____

Certified that all information contained in sections A, B & C above is correct and will be adhered to:

Applicant's ORIGINAL Signature _____

Print Name _____

Email Address _____

Date of Application _____

DO NOT WRITE BELOW THIS LINE!!

REFERENCE:

Plan is attached hereto Yes _____ No _____ - Parking Plan - Seating Plan - (where applicable)

D. APPROVAL & DATES OF ACTION TAKEN:

1. Application Approved Yes _____ No _____ (Date) _____

Zoning Officer _____

2. REASON FOR DENIAL OF APPLICATION _____

NOTE: This permit applies to USE only and shall not relieve applicant from obtaining such other permits as may be required by law. **NOTICE:** Violation of any provision of this ordinance by any owner or lessee or other person shall constitute a violation of Hanover Township zoning ordinance and appropriate enforcement will ensue.