



SPRING GARDEN TOWNSHIP

ADMINISTRATION • 340 TRI HILL ROAD, SUITE A
 YORK, PA 17403-5709
 PHONE NUMBER: 717.848.2858

APPLICATION FOR CERTIFICATE OF USE AND OCCUPANCY

Property Address		UPI: Tax Map & Parcel Number	
		48-000-_____	
Applicant			
Name: (Last, First)		Tele #:	
Full Address: (house #, street, city, state, zip)		Applicant Email:	
Property Owner			
Name: (Last, First)		Tele #:	
Full Address: (house #, street, city, state, zip)		Property Owner Email:	
Type of Use Requested		Type of Structure	
	Single Family Dwelling		Brick
	No Impact Home Business		Concrete Block
	Retail Store or Shop		Stone
	Professional Office		Metal
	Personal Service Business		Wood
	Other:		Other:

Date of Occupancy: _____	
Name of Business: _____	
Number of Employees: _____	Hours of Operation: _____
Number & Size of Signs: _____	
Off-Street Parking Spaces: _____	
_____ Public Sewer	_____ Twp. Refuse/Recycling
_____ On-Lot Septic	_____ Private Dumpster Service _____ (Hauler)
Formerly Occupied by: _____ Use: _____	
Signature of Applicant: _____	
Fee \$50.00	Check # _____ Cash _____ Date _____



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To be completed by Spring Garden Township

A Building Permit was issued on _____ Permit No. _____

For: _____

Date Variance/Special Exception was granted by the Zoning Hearing Board: _____

Application # _____

Same Use _____ Allowable Use _____ New Owner _____

Certificate of Compliance from CCIS: _____

The property shall be in compliance with the current International Property Maintenance standards.

Approval Date: _____

Approved by: _____

This approval does not constitute a representation by Spring Garden Township that this building is completely safe for occupancy or that it has been constructed in accordance with any other applicable laws, regulations or ordinance; only that the use is approved and the building conforms to the Spring Garden Township Zoning Ordinance.