

# COMMERCIAL OCCUPANCY/ZONING PERMITS

*APPLICATION FOR TEMPORARY OR FINAL ZONING APPROVAL FOR OCCUPANCY AND USE  
AND CERTIFICATE OF USE AND OCCUPANCY*

Township of Upper St. Clair  
1820 McLaughlin Run Road, Upper St. Clair PA 15241  
Phone 412.831.9000 ext. 501 FAX 412.854.0773  
[www.twpusc.org](http://www.twpusc.org)

OFFICE USE
CASE NO. _____

<input type="checkbox"/> TEMPORARY APPROVAL  <input type="checkbox"/> FINAL APPROVAL	<input type="checkbox"/> NEW STRUCTURE Submit 4 prints and 1 electronic copy of as-built survey <input type="checkbox"/> EXISTING STRUCTURE <input type="checkbox"/> Change in Occupancy without a Building Permit  <input type="checkbox"/> TEMPORARY STRUCTURE
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<b>PROPERTY ADDRESS:</b>	Tenant Space #
Block/Lot No:	
Plan/Subdivision:	Zoning District:

<b>PROPERTY OWNER NAME:</b>			
Address:	City:	State:	Zip:
Business Phone:	Cell Phone:		

<b>TENANT NAME:</b>			
Address:	City:	State:	Zip:
Business Phone:	Cell Phone:	FAX:	

What was Prior Occupancy/Use?	Description of Proposed Use:
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Sq. footage of Space:	Are you Leasing? <input type="checkbox"/> YES <input type="checkbox"/> NO
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What Type of Occupancy is Requested: <i>Group</i> B <input type="checkbox"/> Office A-1 <input type="checkbox"/> Theaters A-2 <input type="checkbox"/> Restaurant A-3 <input type="checkbox"/> Churches/Community Halls/Exhibition Halls M <input type="checkbox"/> Retail Sales E <input type="checkbox"/> Educational R-1 <input type="checkbox"/> Motels/Boarding Houses	I-1 <input type="checkbox"/> Res. Boarding & Care/Assisted Living/Group Homes I-2 <input type="checkbox"/> Hospitals/Nursing Homes/Mental Hospital I-3 <input type="checkbox"/> Prisons/Jails/Reformatory/Correctional Centers I-4 <input type="checkbox"/> Day Care Facilities F-1 <input type="checkbox"/> Dry Cleaning/Food Processing/Furniture/Bakeries S-1 <input type="checkbox"/> Storage of Aerosols/Cardboard/Lumber/Tires/Repair Garages S-2 <input type="checkbox"/> Storage of Bag Cement/Frozen Foods/Glass Bottles/Gypsum Board/Metal Parts
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<b>CONTRACTOR (S) NAME:</b> (complete only if building permit was issued)			
Address	City	State	Zip
Business Phone:	Cell Phone:		

Type of Principal Land Use: <input type="checkbox"/> Commercial <input type="checkbox"/> Other principal building <input type="checkbox"/> Other principal structure <input type="checkbox"/> Garage
Estimated Cost of Construction: \$ _____



**BUSINESS/EMPLOYER REGISTRATION FORM**

TOWNSHIP OF UPPER ST. CLAIR TAX OFFICE  
1820 McLaughlin Run Rd., Upper St. Clair, PA 15241  
412.831.9000

**Employers and businesses must complete in full, sign and return within fifteen (15) days of the start of business within the Township to the Township Tax Office, address above. All questions must be answered completely. The following information will be held in strict confidence.**

Employer Name:	<b>Federal Identification Number:</b>
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Trade Name or Familiar Name:
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Upper St. Clair/Pittsburgh Area Address:
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Local Contact:	<b>Local Phone Number:</b>
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Alternate Mailing Address:
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Alternate Contact:	Alternate Phone Number:
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Nature of Business	Date Began:
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Type of Organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual (self employed) <input type="checkbox"/> Partnership	Number of Local Employees:
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Does the business contract with an outside organization for any retail or wholesale sales operations conducted within the Township? [for example, a department store's fine jewelry department is leased to an outside vendor who is responsible for paying any sales and mercantile taxes on their own]. <input type="checkbox"/> No <input type="checkbox"/> Yes. If yes, list name, business name, addresses and contact person on a separate sheet.
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Do you withhold quarterly earned income taxes for Upper St. Clair residents: <input type="checkbox"/> No <input type="checkbox"/> Yes. If yes, submit a list of employees, complete with names, addresses and social security numbers. If your business is located in Upper St. Clair, you are required to withhold local tax for Township residents.
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Do you <input type="checkbox"/> own or <input type="checkbox"/> rent your office space? If you own the property, please indicate the names and addresses of your tenants on a separate sheet.
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<i>I certify that all information and statements herein are true, correct and complete</i> <b><u>SIGNATURE &amp; TITLE:</u></b>	<b>DATE:</b>
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<b><i>FOR TOWNSHIP USE ONLY:</i></b>  <input type="checkbox"/> EIT <input type="checkbox"/> OPT <input type="checkbox"/> RE <input type="checkbox"/> SEWAGE <input type="checkbox"/> MERCANTILE <input type="checkbox"/> CD <input type="checkbox"/> OTHER
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