

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

OFFICE USE
OCC & ZON
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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PROPERTY ADDRESS:	Tenant Space #
Block/Lot No:	
Plan/Subdivision:	Zoning District:

PROPERTY OWNER NAME:

Address:	City:	State:	Zip:
Business Phone:	Cell Phone:	Email:	

TENANT NAME:

Address:	City:	State:	Zip:
Business Phone:	Cell Phone:	Email:	

What was Prior Occupancy/Use:	Description of Proposed Use:
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Sq. footage of Space:	Are you Leasing the Space: <input type="checkbox"/> YES <input type="checkbox"/> NO
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What Type of Occupancy is Requested: <u>GROUP</u> A-1 <input type="checkbox"/> Theaters A-2 <input type="checkbox"/> Restaurant A-3 <input type="checkbox"/> Churches/Community Halls/Exhibition Halls A-4 <input type="checkbox"/> Swimming Pools/Tennis Courts A-5 <input type="checkbox"/> Stadiums/Grandstands B <input type="checkbox"/> Office E <input type="checkbox"/> Educational F-1 <input type="checkbox"/> Dry Cleaning/Food Processing/Furniture/Bakeries F-2 <input type="checkbox"/> Foundries/Glass Products/Metal	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 M <input type="checkbox"/> Retail Sales R-1 <input type="checkbox"/> Motels/Boarding Houses R-2 <input type="checkbox"/> Apartment Houses/Dormitories R-3 <input type="checkbox"/> Care Facilities for five or fewer persons R-4 <input type="checkbox"/> Care Facilities for more than five and less than 16 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 U <input type="checkbox"/> Utility
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CONTRACTOR NAME: *(complete only if building permit was issued)*

Address:	City:	State:	Zip:
Business Phone:	Cell Phone:	Email:	

Type of Principal Land Use: Commercial Other principal building Other principal structure Garage

Estimated Cost of Construction: \$ _____

COMPLETE FOR TEMPORARY APPROVAL

Requested Duration: From: To:

- Submit bona fide bid or estimate of cost to complete project prepared by a registered architect or engineer, both of which must include quantities, unit prices and construction plan to be reviewed and approved by Township Engineer.
- Submit performance security in the amount of 110% of the bid amount or cost to complete project approved by the Township Engineer.

Performance security attached: Amount \$ Form:

Prior to final occupancy and release of performance security, an application for Final Zoning Approval for Occupancy and Use and Final Certificate of Use and Occupancy must be made using this same form. A request for a Final Inspection should be made at the same time. Security will be released upon satisfactory completion of final inspection.

FEE: New or Existing Structure

Temporary Occupancy: **\$150.00**

Final Occupancy: **\$50.00** [includes change of occupancy without a building permit]

Temporary Structure - \$40.00

OFFICE USE

PAID: \$ _____

CHECK # & BANK / CASH REC.#: _____
(Make check payable to: TOWNSHIP OF UPPER ST. CLAIR)

COMPLETE BOTH SECTIONS BELOW

OWNER AFFIDAVIT

COMMONWEALTH OF PENNSYLVANIA :
: SS:
COUNTY OF ALLEGHENY :

Before me, the undersigned authority in and for the Commonwealth and County aforesaid, personally appeared

_____ who, being by me first duly sworn according to law, depose(s) and say(s) that, he, she or they (is, are) the Owner(s) or authorized agent for the Owner(s) of the above-described property (or if said Owner or authorized agent for the Owner is a firm or corporation, that he or she is an officer or representative of such firm or corporation), that all of the statements contained above are true and correct, that the accompanying as-built plot plan (for new construction only) truly and correctly represents the above-described property and all existing structures and physical improvements thereon, for which this application is made.

Sworn to and subscribed before me this _____ day of _____, 20____

NOTARY

PROPERTY OWNER OR AUTHORIZED AGENT FOR OWNER

PRINT NAME

TENANT AFFIDAVIT

COMMONWEALTH OF PENNSYLVANIA :
: SS:
COUNTY OF ALLEGHENY :

Before me, the undersigned authority in and for the Commonwealth and County aforesaid, personally appeared

_____ who, being by me first duly sworn according to law, depose(s) and say(s) that, he, she or they (is, are) the Tenant(s) of the above-described property (or if said Tenant is a firm or corporation, that he or she is an officer or representative of such firm or corporation), that all of the statements contained above are true and correct.

Sworn to and subscribed before me this _____ day of _____, 20____

NOTARY

TENANT OR AUTHORIZED AGENT FOR TENANT

PRINT NAME

COMPLETE ATTACHED BUSINESS/EMPLOYER REGISTRATION FORM

BUSINESS/EMPLOYER REGISTRATION FORM

TOWNSHIP OF UPPER ST. CLAIR TAX OFFICE
1820 McLaughlin Run Rd., Upper St. Clair, PA 15241
412.831.9000 Ext. 226

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:	Federal Identification Number:
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Trade Name or Familiar Name:

Upper St. Clair/Pittsburgh Area Address:
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Local Contact:	Local Phone Number:
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Alternate Mailing Address:

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.

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.

I certify that all information and statements herein are true, correct and complete <u>SIGNATURE & TITLE:</u>	DATE:
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<i>FOR TOWNSHIP USE ONLY:</i>
<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