

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. 5010 FAX 412.854.0773
www.twpusc.org

OFFICE USE
OCC & ZON
CASE NO.

- | | |
|---|---|
| ☐ TEMPORARY APPROVAL | ☐ NEW STRUCTURE
Submit 4 prints and 1 electronic copy of as-built survey |
| ☐ FINAL APPROVAL | ☐ EXISTING STRUCTURE
☐ Change in Occupancy without a Building Permit |
| | ☐ TEMPORARY STRUCTURE |

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:

Sq. footage of Space:

Are you Leasing the Space: ☐ YES ☐ NO

What Type of Occupancy is Requested:

GROUP 

- A-1 ☐ Theaters
A-2 ☐ Restaurant
A-3 ☐ Churches/Community Halls/Exhibition Halls
A-4 ☐ Swimming Pools/Tennis Courts
A-5 ☐ Stadiums/Grandstands
B ☐ Office
E ☐ Educational
F-1 ☐ Dry Cleaning/Food Processing/Furniture/Bakeries
F-2 ☐ Foundries/Glass Products/Metal

- I-1 ☐ Res. Boarding & Care/Assisted Living/Group Homes
I-2 ☐ Hospitals/Nursing Homes/Mental Hospital
I-3 ☐ Prisons/Jails/Reformatory/Correctional Centers
I-4 ☐ Day Care Facilities
M ☐ Retail Sales
R-1 ☐ Motels/Boarding Houses
R-2 ☐ Apartment Houses/Dormitories
R-3 ☐ Care Facilities for five or fewer persons
R-4 ☐ Care Facilities for more than five and less than 16
S-1 ☐ Storage of Aerosols/Cardboard/Lumber/Tires/Repair Garages
S-2 ☐ Storage of Bag Cement/Frozen Foods/Glass Bottles/Gypsum Board/Metal Parts
U ☐ Utility

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 StructureTemporary Occupancy: **\$150.00**Final Occupancy: **\$75.00** [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.

Signed (or attested) 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.

Signed (or attested) before me this _____ day of _____, 20____

NOTARY_____
TENANT OR AUTHORIZED AGENT FOR TENANT_____
PRINT NAME**COMPLETE ATTACHED BUSINESS/EMPLOYER REGISTRATION FORM**

**TOWNSHIP OF UPPER ST. CLAIR AND UPPER ST. CLAIR SCHOOL DISTRICT
BUSINESS / SELF-EMPLOYMENT REGISTRATION FORM**

This form must be completed in full, signed and returned within fifteen (15) days to the Township of Upper St. Clair Business Tax Collector; **Township of Upper St. Clair Tax Office, 1820 McLaughlin Run Road** (412)831-9000 Ext. 2260. All questions must be answered completely. All information will be kept confidential.

CHECK ONE: ☐ **INDIVIDUAL** ☐ **PARTNERSHIP** ☐ **CORPORATION** ☐ **OTHER**

EMPLOYER NAME: _____

FEDERAL EMPLOYER IDENTIFICATION NUMBER: _____

TRADE NAME (IF ANY): _____

LOCAL UPPER ST. CLAIR ADDRESS: _____ TAX BILLING ADDRESS: _____

LOCAL PHONE NO. (____) _____ OTHER PHONE NO. (____) _____

CONTACT PERSON: _____ CONTACT PERSON: _____

NATURE OF BUSINESS: _____

DATE BUSINESS COMMENCED: _____ DATE FIRST WAGES PAID: _____

CHECK APPROPRIATE TAXES APPLICABLE TO YOUR BUSINESS:

☐ **Earned Income Tax Withholding @ 1.3% (.013)** = for remitting tax withheld on resident or non-resident employees not subject to a similar tax at place of residence.

☐ Payroll Service will be submitting quarterly payments. Name of Service _____

☐ **Local Services Tax (LST) @ \$52.00 per employee** (Formerly known as Emergency Municipal Services Tax or EMS) = for remitting tax withheld on **all employees** engaged in occupation within the Township of Upper St. Clair, or self-employed individuals.

☐ Payroll Service will be submitting quarterly payments. Name of Service _____

☐ **Mercantile Tax @ .15% (.0015)** = for remitting tax on gross receipts of retail vendors, restaurants or other places where food, drink or refreshments are sold (**Wholesale Vendor/Broker-Mercantile tax rate is .0010.**)

Does this business contract with an outside organization for any retail, wholesale sales operation or services conducted within the Township of Upper St. Clair? (for example, mercantile and/or business privilege taxes on their own)

_____ YES

_____ NO

SIGNATURE _____ TITLE _____ DATE _____