



Allen Township

4714 Indian Trail Road Northampton, PA 18067

Phone: 610-262-7012

Fax: 610-262-7364

Email: Info@allentownship.org

Website: www.allentownship.org

Business Use Permit Application

***A PLOT PLAN CLEARLY DRAWN TO SCALE AND LEGIBLY LABELED SHOWING ALL AREAS OF THE PROPERTY AND/OR BUILDING PROPOSED FOR USE AND ALL OTHER USES OF THE BUILDING MUST BE SUBMITTED WITH THIS APPLICATION.**

Proposed Business Information

Name of Proposed Business: _____

Property Address: _____

Intended Date of Occupancy: _____

Total Size of Building: _____ Sq. Ft. Total Space to be Occupied: _____ Sq. Ft.

Description of Proposed Use: _____

Days and Hours of Operation: _____

Number of Employees Per Shift:

1st Shift: _____ 2nd Shift: _____ 3rd Shift: _____

Number of Trucks Per Day:

Trucks In: _____ # Trucks Out: _____ # Parked Overnight: _____

Number of Parking Spaces Provided: _____

Number of Loading Spaces Provided: _____

Does the Use involve Handling or Manufacturing of Materials Requiring Special Consideration? _____

(Please include material safety data sheet for each material or substance)

Tenant/Lessee Information

Name of Tenant/Lessee: _____

Address: _____

Contact Person & Title: _____

Phone Number(s): _____



Allen Township Business Use Permit Application – Continued

Facility Information

Name of Person Responsible for Facility: _____

Work Phone Number: _____ Cell Phone Number: _____

Property Owner Information

Name of Property Owner: _____

Address: _____

Phone Number(s): _____

Former Use Information

Name of Former Occupant of Property/Building: _____

Former Use of Property/Building: _____

Size of Space Formerly Occupied: _____ Sq. Ft.

Former Days/Hours of Operation: _____

Date Former Use Terminated: _____

The undersigned does hereby certify that the above information is true and correct and that the operation of this use shall be in compliance with the requirements of the Allen Township Zoning Ordinance. The Tenant/Lessee further acknowledges that the provision of false or incomplete information or violation of any of the requirements of the Zoning Ordinance and/or applicable Building, Plumbing, Mechanical, Electrical, Fire or Handicap Accessibility Codes can result in the revocation of any approval and/or the commencement of an enforcement action to abate such violation. This approval is not a Certificate of Occupancy or Letter of Compliance to occupy the building, structure or land. A separate approval may be required prior to occupancy.

Signature of Tenant/Lessee (Required): _____ Date: _____

Signature of Property Owner (Required): _____ Date: _____

TAX MAP #: _____ **ZONING DISTRICT:** _____

USE PERMITTED BY: _____

APPROVED BY: _____ **DATE:** _____

BUSINESS USE FEE - \$ _____ **PAID:** _____

ADDITIONAL NOTES/COMMENTS: _____



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Emergency Contact Form

*If this information changes, please remit the new information to: info@allentownship.org

*Rapid Entry Key Lock Box (Knox Box) – New tenants, lock changes, new doors, gates or panels – Property Owner shall contact the Allen Township Office to update the keys/contact information.

Date: _____

Company/Business Name: _____

Physical Address: _____

Mailing Address: _____

Phone: _____ Email: _____

Business Type: _____

Owner(s): _____

EMERGENCY CONTACTS

Emergency Contact # 1

Name: _____ Title: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Emergency Contact # 2

Name: _____ Title: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Emergency Contact # 3

Name: _____ Title: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____