Date:	, 20	TMP No.:	Permit No.:
BUSIN	NESS CER	TIFICATE OF OCC PERMIT APPLIC	CUPANCY/ZONING USE ATION
Business/Co	ompany Name:		
Representat	ive/Applicant	Name:	
Home Addre	ess:		
Phone No.:		Business Phone No.:	Fax No.:
Business Ad	ldress:		
Business En	nail Address		
Property Ov	vner Address: _		
Email Addre	ess:		
Owner's Pho	one No.:	Number of I	Employees:
Description	of Hazardous I	Materials:	
Building Squ	uare Footage: _		
Other Busin	ess or Use of P	roperty and/or Building	
		eld Township Fire Marshal's insp y may be issued by the Zoning Off	pection and requirements must be completed icer.
fact, either wit permit or any	th or without inte change in the u	ntion on the part of this applican	nisstatement or misrepresentation of material t, such as might or would cause refusal to this because to the issuance of this permit, with or the revocation of this permit.
Zoning Dist	rict:	Applicant Signature: _	
( ) DENIED	( ) APPROVED	FOR USE AS:	

Planning & Zoning Director\_\_\_\_\_