

\$25 FEE

BOROUGH OF JENKINTOWN  
P. O. BOX 2176  
700 SUMMIT AVENUE  
JENKINTOWN, PA 19046

APPLICATION FOR ZONING USE PERMIT

Date: \_\_\_\_\_

PART I (To Be Completed By Applicant)

1. NAME, ADDRESS & TELEPHONE NO. OF APPLICANT:
  
2. LOCATION OF PROPERTY FOR WHICH PERMIT IS REQUESTED:
  
3. NAME ADDRESS & TELEPHONE NO. OF PROPERTY OWNER:
  
4. PRESENT USE OF PROPERTY:
  
5. IF PROPERTY IS NOT CURRENTLY OCCUPIED, STATE HOW LONG IT HAS BEEN VACANT:
  
6. INDICATE HOW MANY OFF-SHEET PARKING SPACES ARE AVAILABLE & WHERE LOCATED:
  
7. PROPOSED USE OF PROPERTY BY APPLICANT:
  
8. GROSS FLOOR AREA (SQ. FT.) TO BE OCCUPIED: (A FLOOR PLAN MUST BE FURNISHED)
  
9. IF APPLICABLE, SHOW OFFICE OR SUITE NUMBER
  
10. NAME UNDER WHICH BUSINESS IS TO BE OPERATED:
  
11. APPLICANT'S SIGNATURE \_\_\_\_\_  
Type or Print Name:

(Answer all questions. Where appropriate state None or N/A)  
SEE REVERSE FOR PART II BY ZONING OFFICER

PART II (To be completed by Zoning Officer)

- 12. LOCATION & ZONING DISTRICT OF PROPERTY:
- 13. SECTION OF ZONING CODE REGULATING PROPOSED USE:
- 14. APPLICATION APPROVED YES\_\_\_\_\_ NO\_\_\_\_\_ DATE:\_\_\_\_\_
- 15. REMARKS:

16. ZONING OFFICER'S SIGNATURE \_\_\_\_\_

NOTE: A CERTIFICATE OF USE & OCCUPANCY WILL BE REQUIRED PRIOR TO USE OR OCCUPANCY OF THE PROPERTY CONCERNED.