

\$200 Commercial



SHARON HILL CODE ENFORCEMENT

250 Sharon Avenue * Sharon Hill, PA 19079

Phone (610) 586 – 8200 * Fax (610) 586 – 3991

www.sharonhillboro.com

COMMERCIAL USE & OCCUPANCY APPLICATION RESALE & LEASING

Please **PRINT** in all fields. Incomplete applications will be returned and will delay processing time / issuance of license.

Applicant Information

Applicant's Full Name			
Address			
City	State	Zip	
Email Address			
Phone Number			

Sharon Hill Property Information

Sharon Hill address the organization will occupy.			
Name of person or entity that currently owns the structure			
What is the current use of the structure?			
What is the intended use of the structure?			
Total Square footage of the property?			
Is the property being purchased or leased?	<input type="checkbox"/> Purchased	<input type="checkbox"/> Leased	
A lease agreement is required if the organization is leasing the commercial space.			
Are renovations required?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
If yes, building permits and inspections are required.			

An annual fire inspection is required for commercial establishments. You must submit a completed fire inspection application & schedule a fire inspection.

Business Information

Name of Business			
Owner's Full Name			
Business Type and services you offer the community.			
Business Address			
EIN#			
Will food be sold?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Will alcoholic beverages be sold?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Do you have a liquor license?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Food & beverage establishments must apply for a health license with the Delaware County Health Department. https://www.delcopa.gov/health/licensepermitsinspection.html			

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Will drugs of any kind be sold? YES NO

If yes, list all drugs and the purpose of the drug(s) to be sold. Attach all supporting documentation.

Will drugs of any kind be administered? YES NO

If yes, list all drugs and the purpose of the drug(s) to be administered. Attach all supporting documentation.

Upon approval of this Use & Occupancy application you must apply for a business privilege license within 30days. You are also responsible for maintaining annual business privilege taxes.

I hereby state that the facts above set forth are true and correct (or are true and correct to the best of my knowledge, information, and belief). I understand that the statements herein are made subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities).

Title of Proprietor or Authorized Agent _____

Signature of Proprietor or Authorized Agent	Date

Area below is for Borough use only.

Zone: _____

Approved Denied (*Reason for denial attached*)

BCO / Zoning Officer: Christopher McSween M.J.

Zoning Officer's Signature: _____ Date: ____/____/____

