

WEST GOSHEN TOWNSHIP
Application for Use & Occupancy Permit
1025 PAOLI PIKE WEST CHESTER, PA 19380-6199
PHONE (610)-696-5266 FAX (610)-429-0616
Please print legibly.

Property Information

Property Address: _____
Zoning District: _____ Tax Parcel No.: _____

Owner Information

Owner Name: _____
Address: _____
Phone Number: _____

Applicant Information

Applicant Name: _____
Home Address: _____
Phone Number: _____

Section A: Residential (Fee: Refer to the West Goshen Township Fee Schedule)

Subdivision/Development Name: _____
Lot No. : _____ Settlement Date: _____
Name of New Owner: _____ Phone# _____

Section B: Commercial/Industrial/Medical Service/Office Park

(Fee: Refer to the West Goshen Township Fee Schedule)

*Name of owner of Property: _____ Phone # _____
*Name of New Tenant: _____ Phone# _____

Must submit a condo/lease line plan from an approved subdivision/land development.

If owner cannot provide, submit a plan showing lease lines, existing uses per unit, parking, and square footage.

Sq. Ft. of building or portion being used: _____ No. Parking Spaces Provided: _____

Describe Current Use: _____

Describe Proposed Use: _____

Retail Sales: Yes No Are Sprinklers Installed? Yes No

Will change require additional alterations, renovations, or fit out? Yes No

If yes, please file appropriate permit applications.

Settlement or Lease Date: _____

FOR OFFICE USE ONLY Yes No

Zoning Use Approved: _____ Comments: _____
Zoning Officer Initials: _____

Use & Occupancy in accordance with Chapter 3 IBC Codes: _____

Type of Construction as defined in Chapter 6 of IBC Code: _____

Design Occupancy Load per table 1004.12 IBC Code: _____

Electrical Inspection Agency: _____ Date: _____

Building Official or Fire Marshal Initials: _____

Associated Permits:

Building # _____ Plumbing # _____ Sewer Connection # _____

Electrical # _____ HVAC # _____ Zoning # _____

Fire Protection # _____ Other # _____