TOWN OF GREENVILLE

125 Main Street, Greenville, PA 16125
P: (724) 588-4193 F: (724) 588-1197
www.greenvilleborough.com info@greenvilleborough.com
Office Hours: 8:00am to 4:30pm - Monday through Friday

BUSINESS REGISTRATION
For New Business/Commercial Occupancies

This Registration is required to be submitted to and approved by the Borough Zoning/Code Enforcement Officer and the Public Safety Director **prior** to the commencement of any construction, alteration, occupancy, and/or operation.

Name of Proposed Business: _____

Address of Business: _____

Type of Business: _____

This Business Will Occupy Floors (Check) ☐ **1st** ☐ **2nd** ☐ **3rd** ☐ **Basement** ☐ **Other**

Proposed Business Main Phone Number: _____

Proposed Business Owner Name: _____

Business Owner Address: _____ **Address is: Home Corporate**
Street City State Zip

Business Owner Phone Number: _____
Cell Home Corporate

Total Number of Employees: _____ **Expected Opening Date:** _____

Building owner name: _____

Building owner phone Number: _____

Are renovations, additions, demolitions, or alterations to the building or floor plan part of this project?
YES ☐ **NO** ☐

*If **YES**, obtain a Construction Permit Packet at the Greenville Code Enforcement Office at the address above.*
*If **NO**, an initial occupancy inspection by Borough inspectors is required prior to commencement of operations.*

Is a Certificate of Occupancy available for the building or space to be occupied? YES ☐ **NO** ☐

NOTE: If no Certificate of Occupancy can be produced for the building or space occupied by this business and a change of use is occurring, an Occupancy Inspection by the Borough's UCC inspection agency may be required.

NOTE: New business-related signs on the exterior of buildings require a permit from the Borough Code Officer.

I hereby acknowledge that the above information is true and correct and that all applicable codes in effect in the Commonwealth of Pennsylvania and the Borough of Greenville shall be complied with:

_____ _____ _____
Signature of Person completing this registration **Phone number** **Date**

********** *OFFICE USE ONLY* **********

Approvals: Current Zoning District _____ *Proposed Zoning Use* _____ *Conforming: Y or N*

Occupancy Class: Proposed _____ *Previous* _____ *Change Y or N*

_____ _____
Building Code Official Date Public Safety Director Date