Montrose Borough

Application for Certificate of Use Change

Permit Fee: _____
Date Paid: _____

Business Information Date: _____

Business Address: _____ Unit/Suite# _____
Property Tax Map #: ____. ___-__, _____.___,_____
Business Name or DBA: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Business Owners Name: _____ Title: _____
Telephone Number: _____ Email: _____

Nature of Business

Describe the type of business and activity: _____

_____

Number of employees _____ Hours of operation _____
Are commercial vehicles stored on this site? _____ If "yes", number and type _____
☐ Office ☐Home Office ☐Retail ☐Business Office ☐Wholesale ☐Other _____
Name of previous owner/occupant: _____
Type of previous Use/Activity: _____
Square feet of Gross Floor Area: _____ (Sum total as measured from exterior face of exterior walls)
Number of parking spaces: Private: _____ Public: _____

Signature of applicant verifies the above information is true and correct. I understand the conditions under which my Certificate of Use Change is being approved and accepted and that no changes or refunds will be made once issued. I am authorized to sign for the business and understand that any misrepresentation of information on this application may result in the revocation of the Change of Use and/or possible enforcement action being initiated against the business and/or its authorized representatives. I further understand that in addition to a Certificate of Use a Building Permit is required.

_____ _____

Print Name **Signature**

Administrative Use Only:
Conditions under which Change of Use is approved:

_____

_____

ACTION OF THE MONTROSE BOROUGH COUNCIL FOR CONDITIONAL USE APPLICATION
Date: _____ Granted or Denied: _____ Signature: _____

ACTION OF ZONING OFFICER
Date: _____ Granted or Denied: _____ Signature: _____