Borough of Downingtown
CHESTER COUNTY, PENNSYLVANIA
4 W Lancaster Ave Downingtown, PA 19335 610.269.0344 ext. 209

ZONING - COMMERCIAL - NEW BUSINESS PERMIT APPLICATION

Application fee is: $220.00 Payable to Borough of Downingtown

Application is hereby made for a permit to operate and conduct business in the Borough of Downingtown. The information which follows, together with the location diagram, is made part of this application by the undersigned. It is understood and agreed by this applicant that any error, misstatement or misrepresentation of material fact, either with or without intention on the part of this applicant, may cause a denial of this application, or any change in the location, size or use of structure or land made subsequent to the issuance of this permit, without approval of the Zoning Officer, shall constitute sufficient grounds for the revocation of this permit. No commercial operation may be used as a temporary or permanent type of residence without the permission of the Zoning Officer or permission from the Zoning Hearing Board. Any changes made in regards to the type of business, hours of operation, or officers and their contact information shall be submitted to the Zoning Officer within 48 hours. Failure to do so may result in fines and/or the revocation of the Use & Occupancy Permit.

I hereby acknowledge and understand the statement above (initial)_____

The undersigned applies to the Borough of Downingtown for a Zoning Permit under the provisions of the Zoning Ordinance and other applicable Codes of the Borough of Downingtown. A U&O inspection will take place prior to the opening of the business to confirm that the information contained within this application is accurate as stated. If at the time of inspection, it is found that the information on this application is not consistent with the circumstances present at the proposed place of business, it is the right of the Zoning Officer to deny the issuance of the Use & Occupancy Permit due to the failed inspection.

Please complete each line. If not applicable, please note as such.

PROPERTY ADDRESS: _____

OWNER NAME:		
OWNER ADDRESS		
CONTACT NUMBER:		EMAIL:
TAX PARCEL NUMBER:		
DEED REFERENCE:		
ZONING DISTRICT:		
PRESENT OCCUPANT:		

1. (check one)
   - ☐ FOOD SERVICE
   - ☐ RETAIL
   - ☐ MANUFACTURING
   - ☐ IMPORT/EXPORT
   - ☐ BUILDING TRADE
   - ☐ SHOWROOM
   - ☐ INSTITUTIONAL/ CARE PROVIDER
   - ☐ EDUCATIONAL
   - ☐ ASSEMBLY TYPE

2. OTHER (PLEASE DESCRIBE INDUSTRY)
   _____

3. Name of Business: _____

4. Established Date: _____

5. Business Structure (i.e. Corp., LLC): _____

6. Description of Business Activity:

   _____

   _____

7. Days and Hours of Operation: _____

   _____

   _____

8. Expected Opening Date: _____

9. Number of Employees: _____

10. Type of merchandise/products/goods that are sold or manufactured
    _____

    _____

11. Will the Business offer any type of consignment sale opportunity to the public?

□ yes □ no

If yes, please describe:

_____

_____

_____

12. Will the business offer any type of "we pay cash for" services or any type of purchasing from the public? □ yes □ no

If yes, please describe:

_____

_____

_____

13. Will this business omit any kind of odors? □ yes □ no

If yes, please describe:

_____

_____

_____

14. Will this business create any loud noises? □ yes □ no

If yes, please describe:

_____

_____

_____

15. What is the vehicular impact to the location of the business?

_____

_____

_____

16. Will you be creating any type of special waste? □ yes □no

If yes, please describe:

_____

_____

_____

17. Knox box location: _____

18. Will any hazardous materials be used or stored at the location? □ yes □ no

If yes, please list where they are stored and how:

_____

_____

_____

19. Location of fire panel: _____

20. Location of alarm panel: _____

21. Are there other locations operating? □ yes □ no

If yes, please list:

_____

_____

22. Are you relocating from a different location? □ yes □ no

If yes, from where:

_____

_____

_____

23. Trash service provider: _____

FLOOR PLAN

Along with this application, please submit a floor plan illustrating from an aerial view how the business will be set up. Include any set up required outside the building. The plan may be hand sketched or drafted by a professional. Please be as descriptive as possible and include dimensions from adjacent structures. Include the following:

- location of the proposed business/primary structure
- show planned parking for employees
- show planned parking for customers
- driveway or off street parking areas
- roads or alleyways adjoining the property
- location of any other buildings/structures on the property
- any other physical features on the premises

Also, the location of any buildings or structures proposed shall be shown with distances to the boundaries of the property as well as the center of the roadway.

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Any changes made to the contact information must be presented to the zoning officer of the Borough within 48 hours of the change.

Business Owner Name:		
ADDRESS		
CONTACT NUMBER:		EMAIL:

1st Person Emergency Contact (may be same as above)	
Name:	
Phone Number:	
Position:	
Estimated Response Time:	
2nd Person Emergency Contact	
Name:	
Phone Number:	
Position:	
Estimated Response Time:	
3rd Person Emergency Contact	
Name:	
Phone Number:	
Position:	
Estimated Response Time:	

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SIGNATURES

I, the undersigned, understand that a material misrepresentation in this application is grounds for revocation of any permit issued. I also further agree that the use of said premises shall be in strict accordance with the Borough of Downingtown Zoning Ordinance, as well as any other applicable ordinances at the Borough, County, State and Federal levels. If additional construction or alterations are required, I understand that a final compliance inspection for use/work shall be applied for by me, before using or occupying the property.

Applicant Name:		
Address:		
Involvement w/project:		
Contact Number:		EMAIL:
Applicant Signature:		
Date:		

For Borough Use Only		
Flood Zone:		
Notes/Comments:		
Date Rec'd:	**Approval Date:**	**Denial Date:**
Approved by:		
Permit No.:		