



Jacobus Borough
Established 1837
126 N. Cherry Lane, Jacobus Pa. 17407
Phone: (717) 428-1752 Fax: (717) 428-0588



USE PERMIT APPLICATION

(Ref: Jacobus Borough Zoning Ordinance Article 2, Para. 2.17 (Home Occupations) and Article 13, Para. 13.02 E. (Use Permits))

Date of Application: _____ Lot No. _____ Zone: _____

Owner of Property: _____ Phone No. of Owner: _____

Address of Property: _____

Applicant Name: _____ Phone No. of Applicant: _____

Address of Applicant: _____

Name of Proprietor, Company or Corporation: _____

Please indicate the use for which this application is being made:

Residential Rental (single): _____ Residential Rental (Multi Unit): _____ Commercial Rental: _____ Storage: _____ Retail Sales: _____

Professional Office: _____ Home Occupation: _____ Manufacturing: _____ Service Provider: _____ Other: _____

Description of use: _____

- Do you own? _____ Rent _____ or Lease _____ the property for which you are making application?
- Is the property a residence? Yes _____ No _____ If yes is your business customarily found in the home? Yes _____ No _____
- Will there be any evidence of your business outside of the home other than a sign? Yes: _____ No: _____
- Will there be a sign at the property? Yes: _____ No: _____
- Will more than 50% of the first floor space be used for your business? Yes: _____ No: _____
- Will more than one person, outside your immediate family, be employed in your business? Yes: _____ No: _____
- Do you affirm, that your activities are not in violation of any county, State or Federal laws or requirements, to the best of your knowledge and belief? Yes: _____ No: _____

I, the undersigned, hereby apply for a Use Permit for the purpose described herein. I affirm that the information provided is truthful to the best of my knowledge and belief.

Signature of applicant: _____ Date: _____