

BOROUGH OF SINKING SPRING  
3490 PENN AVENUE  
SINKING SPRING, PA 19608  
PHONE: 610-678-4903 FAX:610-678-5802

CERTIFICATE OF USE AND OCCUPANCY PERMIT

TO BE COMPLETED BY APPLICANT

Date: \_\_\_\_\_

Owner of Property: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Address of Affected Propety: \_\_\_\_\_

Existing or Former Use of Property: \_\_\_\_\_

Type of Structure: \_\_\_\_\_

Proposed Use: \_\_\_\_\_

Number of Existing or Proposed Off Street Parking Spaces: \_\_\_\_\_

NOTE: Applicant may be required to submit a plot plan showing dimensions of lots, location of buildings or structures on lots, dimensions of front, side, rear yards, courts and floor plans in accordance with the Ordinances of the Borough of Sinking Spring and the Department of Labor and Industry.

I hereby certify that the information supplied hereon and herewith is true and correct and to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant Date

TO BE COMPLETED BY ZONING OFFICER

Zoning Classification: \_\_\_\_\_ Permit Fee: \_\_\_\_\_ Date: \_\_\_\_\_  
\$50.00 Dollars

Permit Approval: \_\_\_\_\_ Date: \_\_\_\_\_  
Zoning Officer

Permit Denied: \_\_\_\_\_ Date: \_\_\_\_\_  
Zoning Officer

Permit No.: \_\_\_\_\_

NOTE: This permit does not grant permission to begin any construction or any other improvements to the structure or property.