



CERTIFICATE OF USE AND OCCUPANCY APPLICATION FOR CHANGE OF USE

105 Government Center Way
Pocono Pines, PA 18350
Phone: 570-646-1212
Fax: 570-646-9025
www.tobyhannatownship.pa.gov

PROPERTY OWNER INFORMATION

Property Owner: _____
Mailing Address: _____ City: _____
State: _____ Zip Code: _____ Phone: _____
Cell: _____ Email: _____
Previous Use: _____ Tax Map ID No.: _____
Proposed use: _____

LESSEE INFORMATION

Property Owner: _____
Mailing Address: _____ City: _____
State: _____ Zip Code: _____ Phone: _____
Cell: _____ Email Address: _____

INCLUDED WITH THIS APPLICATION SHALL BE THE FOLLOWING:

1. Floor plan of area to be occupied (drawn to scale).
2. Plot plan depicting existing and proposed improvements.
3. Copy of PennDOT Highway Occupancy Permit or Township Encroachment Permit.
4. Plan depicting current number of parking spaces and lighting on site.

NOTE: Confirmation of adequate Sewer System Capacity may require further documentation or testing as determined by the Sewer Enforcement Officer.

NOTE: Plan must be submitted to the Building Code Official for approval as well.

By signing the application, I certify that all facts set forth within the application and all accompanying documentation are true and correct. This application is being made by me to induce official action on the part of Tobyhanna Township. I understand that any false statements made herein are subject to the penalties of 18Pa. C.S. 4904 relating to unsworn falsification to authorities.

Print Name: _____

Signature of Owner: _____ Date: _____

Print Name: _____

Signature of Lessee: _____ Date: _____

NOT WRITE BELOW THIS LINE—FOR TOWNSHIP USE ONLY

Approval of Sewage Enforcement Officer: _____ Date: _____

Approval of Zoning Officer: _____ Date: _____