



BOROUGH OF Chester

Business Permit Application

APPLICATION

Approved _____ Denied _____

Reason _____

Address: _____ Block: _____

Tenant Name: _____ Lot: _____

Tenant Address: _____ Phone: _____

Owner Name _____

Owner Address: _____ Phone: _____

Owner E-Mail: _____ Agent E-Mail: _____

Please Provide a Plan of the Existing and Proposed Work to the Space, ETC. Make sure to provide all relevant information such as resolutions, copy of site plan, and prior use approval for the property

****PROVIDE PHOTOS OF THE AREA OF PROPOSAL****

() Change of Use () Change of Tenant () New Business

Describe in detail the intended use and dimensions of the space that is to used: _____

Has the above premises ever been the subject to any prior applications to the Land Use Board to the applicants' knowledge? (If so, state the date of the application, results, and attach a copy of the decision.

- I certify that the information submitted is correct and that the location of the proposal shown on the submitted survey including setbacks, and all other pertinent dimensions and information is correct and will be built in compliance with all applicable provisions of The Borough of Chester Codes.
- I understand that if it is determined that the information provided is not correct, or the proposed location of the structure is not as shown on the submitted survey, The Borough of Chester Codes may institute the appropriate action or proceedings to abate the violation and I will be subject to penalties as per § 163-64 **Violations and penalties**
- Agent, in addition to certifying the above, I certify that the proposed work is authorized by the owner and I have been authorized by owner to make this application on owners' behalf.

Owner/ Tenant Name (print): _____ Signature: _____

Date _____ Zone: _____

Certificate of Existing Non-Conformity \$125,
Zoning Verification Letter \$50, Business License \$175
Checks Made payable to The Borough of Chester

OFFICE ROUTING

- Zoning Officer _____
Initial _____ Date _____ Approved/Denied _____
Comments: _____

- BD of Health _____
Initial _____ Date _____ Approved/Denied _____
Comments: _____

- Finance _____
Initial _____ Date _____ Approved/Denied _____
Comments: _____

- Administrator _____
Initial _____ Date _____ Approved/Denied _____
Comments: _____

- Construction Building _____
Initial _____ Date _____ Approved/Denied _____
Comments: _____

- Construction Plumbing _____
Initial _____ Date _____ Approved/Denied _____
Comments: _____

- Construction Fire _____
Initial _____ Date _____ Approved/Denied _____
Comments: _____
