

HAZLE TOWNSHIP ZONING
PO BOX 506, HARLEIGH, PA. 18225 570-455-2030

CERTIFICATE OF ZONING COMPLIANCE
BUSINESS LICENSE PERMIT

PERMIT NUMBER: **B-**_____ APPLICATION DATE:_____ OCCUPANCY DATE _____

BUSINESS NAME: _____

PROPERTY (Street) ADDRESS: _____

MAILING ADDRESS (If Different): _____

City: _____ State: _____ ZIP: _____

TELEPHONE NUMBER: Business: _____ Home: _____ Email: _____

AFTER HOURS EMERGENCY CONTACT: _____ PHONE: _____

PARENT COMPANY OR OWNER: _____

COMPLETE ADDRESS: _____

City: _____ State: _____ ZIP: _____

TELEPHONE NUMBER: BUSINESS _____ Email: _____

GARBAGE HAULER: _____

WILL YOU BE: _____ RENTING? _____ OWNING?

OWNER'S NAME: (If Renting): _____

COMPLETE ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: BUSINESS _____ HOME _____

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Applicant's Signature

No Business Occupancy Permits will be issued without first obtaining an inspection from the Building Department and the Fire Department.

*****This is to certify that the applicant named had applied for and received a business occupancy for Hazle Township.*****

12/29/25

OVER →

DEPT. USE ONLY

DEPT. USE ONLY

Occupancy Inspection Date _____

Inspected By: _____ (Inspectors Initials)

Occupancy/ Use _____

STIPULATIONS/CONDITIONS/VARIANCES: _____

BUSINESS OR INDUSTRIAL:

Structure or Use: EXISTING \$150.00 NEW: \$250.00 prior to occupancy.

\$325.00 after occupancy date or within 30 days of occupancy.

\$600.00 after 30 days of occupancy.

PERMIT FEE: \$ _____

CHECK. _____ VISA MC AMEX DISCOVER _____ (fee \$1.50 or 2.5% whichever is greater)

DATE: _____

:

_____ Zoning Officer or Designee

DEPARTMENTS NOTIFIED

Berkheimer Tax Collector

MAHT Fire Co

HCA Water GHJSA