

1/3/24

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: \_\_\_\_\_ Fax: \_\_\_\_\_

PARENT COMPANY OR OWNER: \_\_\_\_\_

COMPLETE ADDRESS: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE NUMBER: BUSINESS \_\_\_\_\_ FAX: \_\_\_\_\_

IS PROPERTY SERVICED BY: \_\_\_\_\_ SEPTIC SYSTEM? \_\_\_\_\_ PUBLIC SEWER?  
\_\_\_\_\_ PUBLIC WATER? \_\_\_\_\_ PRIVATE WELL?

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.\*\*\*\*\*

OVER →

1/3/24

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. \_\_\_\_\_ Credit Card \_\_\_\_\_ (fee \$1.50 or 2.5% whichever is greater)

DATE: \_\_\_\_\_

\_\_\_\_\_  
Zoning Officer or Designee

DEPARTMENTS NOTIFIED

\_\_\_\_\_ BERKHEIMER AGENCY  
\_\_\_\_\_ TAX COLLECTOR  
\_\_\_\_\_ HAZLETON CITY AUTH.(WATER DEPT)  
\_\_\_\_\_ AQUA PA

\_\_\_\_\_ MUNICIPAL AUTHORITY  
\_\_\_\_\_ FIRE COMPANY  
\_\_\_\_\_ GHJSA  
\_\_\_\_\_ EAGLE ROCK