



MARSHALL TOWNSHIP  
525 PLEASANT HILL ROAD  
SUITE 100  
Wexford, PA 15090

**APPLICATION FOR USE AND CERTIFICATE OF OCCUPANCY**

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

Applicant's Name and address: \_\_\_\_\_

Name of Building intended to occupy: \_\_\_\_\_  
(number and street)

Floor/Office Number: \_\_\_\_\_ Zoning District: \_\_\_\_\_

Is the building: stand alone? multi-office Square footage of use: \_\_\_\_\_ sf

Number of Employees: \_\_\_\_\_ Number of parking spaces needed: \_\_\_\_\_

Number of Customers: \_\_\_\_\_ Number of parking spaces needed: \_\_\_\_\_

Hours of operation: \_\_\_\_\_

Will the site be used for warehousing/storage? Yes No Will heavy equipment be utilized? Yes No

Will there be hazardous materials on site (Medical supplies, x-ray machines, etc.)? Yes No

If so, what type of hazardous materials? \_\_\_\_\_

Please describe **in detail** the nature of your business (attach more pages if necessary):  
\_\_\_\_\_  
\_\_\_\_\_

I HEREBY CERTIFY THAT ALL INFORMATION PRESENTED BY ME IN THIS APPLICATION IS TRUE AND CORRECT.

\_\_\_\_\_  
Applicant's Signature Date

**DO NOT WRITE IN THIS SPACE. OFFICIAL USE ONLY.**

Planning Director/Zoning Officer: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_

Approved / Denied (circle one) Comments or reason for denial: \_\_\_\_\_

Conditions: \_\_\_\_\_

Building Inspector/Fire Marshall: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_

Approved / Denied (circle one) Comments or reason for denial: \_\_\_\_\_

Conditions: \_\_\_\_\_

Fee Paid: \_\_\_\_\_ Fee Due: \_\_\_\_\_