

ZONING PERMIT APPLICATION FOR NEW BUSINESS Borough of Bellefonte

Application Fee: \$50.00 Paid:	Date Received (office):
(Check can be made out to: Bellefonte Borough)	
Applicant:	
Phone Number:	Email:
Applicant's Address:	
Property Owner:	
Owner's Contact Info:	
Address of Business:	
Application for a Zoning Permit for the following:	
The change in use of commercial space	e. (Ex: restaurant → retail)
The change in occupancy of commerc use.)	ial space (Ex: tenant/business is changing, but not
The use or change in use of a building	
Other – please specify	
Business name:	ove):
 Requirements for opening a business in downtown ✓ Change of use/occupancy zoning permit from ✓ Necessary permits from Centre Region Code In addition to obtaining a zoning permit from the 	n Bellefonte: om Bellefonte Borough
Certification: I hereby make application for a Zoning Permit under the provisions of the E	Borough Zoning Ordinance. In this application and in signing the same, I state

Thereby make application for a Zoning Permit under the provisions of the Borough Zoning Ordinance. In this application and in signing the same, I state that I am conversant with the Ordinance governing work to be performed under this application and that the work will be performed in accordance herewith. I also certify that the owner of the subject premises has been fully informed of the activities proposed herein and that said owner is in full agreement with this proposal. To the best of my knowledge, the above facts are true and understand that in the event of falsification, I can be subject to a fine or other legal sanction.

Signature of Applicant:

Date: