



**West Norriton Township**  
**1630 West Marshall Street**  
**Jeffersonville, PA 19403**  
  
**P: 610-631-0450**  
**F: 610-630-0304**  
  
[www.westnorritontwp.org](http://www.westnorritontwp.org)

<b>I. Location</b>	
Address	
<b>II. Applicant</b>	
Name:	Relationship to Owner
Address	Phone #
City, State, Zip	Email (or Fax #)
<b>III. Tenant</b>	
Name	Address
Phone #	City, State, Zip
<b>IV. Owner</b>	
Name	Address
Phone #	City, State, Zip
<b>V. Information</b>	
Indicate the specific purpose for which building, or land is to be designed, arranged, intended or for which it is or may be occupied or maintained:	
What services will be provided:	
Hours of operation:	
Number of Employees:	
Interior/Exterior Renovations:	
What is the total floor area (if available include floor plan)	Sq. Ft.
Applicant Signature: _____ Date: _____	
<b>VI. Permit Fee &amp; Review</b>	
Change in the Use & Occupancy Classification:	Occupancy Load:
Permit Fee:	Approved:
Revised 9/29/2022	

**USE PERMIT**  
**FEE 25.00**