APPLICATION FOR ZONING USE REGISTRATION PERMIT

Township of Upper Moreland

117 PARK AVENUE WILLOW GROVE, MONTGOMERY COUNTY, PENNSYLVANIA 19090

Date

Phone 215-659-3100 • FAX 215-659-8899

foll	Application is hereby made for a bllowing representations: (Please press fi		connection with the hereinafte	er described	property,	upon the
1.	. Name of ApplicantTrade Name (if any)					
	Mailing Address		Telepho	ne No		
2.	. Name of Property Owner					
	Mailing Address		Telephoi	ne No		
3.	Exact location, including street number, name of street and distance to nearest cross street,					
4.	Proposed use of Building and/or Land					
5.	Do you store, use or handle hazardous	s material? Yes	No			
	If Yes, please explain			*************************		· · · · · · · · · · · · · · · · · · ·
6.	Is a special exception or variance to be	e requested of the Zoning He	aring Board?			
	Yes	No				
7.	Is this application accompanied by an	application for Building Perm	t? Yes No			
8.	Has any previous application been file	d in connection with the afore	said property? Yes	No		
	If answer is Yes, give approximate date) <u></u>	-			
9.	This application is accompanied by a f	ee of \$	•			
		PRII	NT NAME			
		SIGI	NATURE	······································		
	DO NO	OT WRITE BELOW THIS LINI	E — FOR TWP. USE ONLY			
Zor	oning District					
Γhe	ne above application is hereby	approved	denied.			
Date			Zoning Officer	**********************		