

# TOWNSHIP OF CUMRU

BERKS COUNTY, PENNSYLVANIA  
1775 WELSH ROAD  
MOHNTON, PA. 19540  
[www.cumrutownship.org](http://www.cumrutownship.org)

**Note: "A PERMIT MAY BE DENIED IN ACCORDANCE WITH THE PROVISIONS OUTLINED IN ACT 90 OF 2010, THE NEIGHBORHOOD BLIGHT RECLAMATION AND REVITALIZATION ACT"**

**AN OWNER'S AFFIDAVIT OF CONSENT MUST BE FILLED OUT; OR A LETTER OF AUTHORIZATION FROM THE OWNER MUST BE ATTACHED.**

## ZONING REVIEW for USE

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

Permit #: \_\_\_\_\_

Please check one: Residential (Home Business):  Commercial:

**NOTE: HOME BUSINESS MUST COMPLETE SUPPLEMENTAL QUESTIONNAIRE**

### APPLICATION DOES NOT CONSTITUTE APPROVAL

**Residential:**

Zoning Review

**Fee Charge**

\$60.00

**Commercial:**

Zoning Review

\$120.00

The undersigned applies to the Zoning Officer of Cumru Township for a Zone Review for Use under the provisions of the Zoning Ordinance of the Township of Cumru, to make the following described use of the premises as set forth herein:

Location of property for proposed Business: \_\_\_\_\_

Has a building been constructed? YES  NO

If no, what is the estimated date for construction? \_\_\_\_\_

Has a Building Plan been submitted? YES  NO

Deeded Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Prefer Contact: Phone  Email:

Proposed Business: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Prefer Contact: Phone  Email:

Is the Business owner/co-owner on the deed? YES:  NO:  If no, owner consent required.

Type of proposed Business: \_\_\_\_\_

Number of Full Time Employees: \_\_\_\_\_ Number of Part Time Employees: \_\_\_\_\_

Hours of Operation: \_\_\_\_\_ Days of Operation \_\_\_\_\_

If shifts, what are the shifts? First \_\_\_\_\_ Second \_\_\_\_\_ Third \_\_\_\_\_

How many employees each shift? First \_\_\_\_\_ Second \_\_\_\_\_ Third \_\_\_\_\_

Number of Parking Spaces on site: \_\_\_\_\_

Current use of property: \_\_\_\_\_

If vacant, how long has it been vacant? \_\_\_\_\_

Total Square Footage: \_\_\_\_\_

Additional construction/Alterations needed or proposed (attach drawings if needed)

\_\_\_\_\_

Types/Numbers of proposed Business related vehicles on property:

\_\_\_\_\_

Type of Machinery/Equipment to be used for proposed Business:

\_\_\_\_\_

Are signs proposed for property? YES:  NO:

If yes, Zoning Review for Sign needed.

Do you have a Fire/Security Alarm System? YES:  NO:

If yes, would you be interested in a Knox Box: YES:  NO:

Name of Electric Service Provider: \_\_\_\_\_

Name of Gas Service Provider (If Applicable): \_\_\_\_\_

Phone Service Provider: \_\_\_\_\_

Are there any Hazardous Materials on the Premise? YES:  NO:

If yes, what type \_\_\_\_\_

Do you store any potentially dangerous supplies or equipment at your place of business? YES:  NO:

If yes, please describe: \_\_\_\_\_

Is outdoor storage proposed? \_\_\_\_\_ What materials are proposed for outdoor storage? \_\_\_\_\_

Describe any accessory building(s) to be used, include dimensions: \_\_\_\_\_  
\_\_\_\_\_

Date of Proposed Occupancy: \_\_\_\_\_

Delivery frequency: How many times per week: \_\_\_\_ Tractor trailer  Box Truck  Van

Public Sewer  Onsite System  Public Water  On-Lot Well

Additional Information to enable Township staff to evaluate the proposed business or use, what item materials will be stored and sold at the property? \_\_\_\_\_  
\_\_\_\_\_

I understand that a material misrepresentation in this application is ground for revocation of any permit issued. The applicant further agrees that the use of said premises shall be in strict accordance with all applicable Ordinances of the Township and State Laws. If additional construction or alterations are required, I understand that other permits may be required. Requirements of additional permits must be fulfilled before using or occupying the property, up to and including any requirements for a Certificate of Occupancy and/or a Certificate of Compliance.

**I also understand that a Fire & Safety Inspection must be conducted by the Cumru Township Fire Department before this permit is issued. I also understand that a health inspection must be done by the state when selling ready to eat food.**

A Zoning Permit for Use will be approved or denied within 30 days of a completed application. If denied the applicant will be informed in writing within the 30 day time limit.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Business Owner:  Applicant:

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Prefer Contact: Phone  Email:

**“This application must be filled out in it’s entirety thereof. An incomplete application shall be returned and will not be issued as such.”**

**FOR ACTION BY TOWNSHIP PERSONNEL ONLY**

**The following Township personnel must sign below before the OCC Permit is valid or before the building is occupied.**

Zoning District: \_\_\_\_\_

ICC Occupancy Classification: \_\_\_\_\_

Does proposed Business conform to District requirements? YES  NO

Are there any issues that the Building Inspector or the Code Enforcement Officer must get involved with before the Zoning Permit for Use is valid: YES  NO

Describe: \_\_\_\_\_

Will other Permits or Inspections be required prior to opening? YES  NO

Mechanical  Electrical  Plumbing  Building

Walk Through Required YES  NO

Describe: \_\_\_\_\_

**Approvals:**

Zoning Officer: \_\_\_\_\_ Date: \_\_\_\_\_

BCO: \_\_\_\_\_ Date: \_\_\_\_\_

Code Enforcement Officer: \_\_\_\_\_ Date: \_\_\_\_\_

Fire Department: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR ACTION BY THE POLICE DEPARTMENT**  
**(ONLY FOR THE SALE OF FIREWORKS)**

\_\_\_\_\_  
DATE

\_\_\_\_\_  
POLICE OFFICER

**“Business Registration accordance with Ordinance 633 is required”**