

WEST GOSHEN TOWNSHIP  
**Application for Use & Occupancy Permit**  
1025 PAOLI PIKE WEST CHESTER, PA 19380-6199  
PHONE (610)-696-5266 FAX (610)-429-0616  
Please print legibly.

Property Information

Property Address: \_\_\_\_\_  
Zoning District: \_\_\_\_\_ Tax Parcel No.: \_\_\_\_\_

Owner Information

Owner Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Applicant Information

Applicant Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

**Section A: Residential (Fee: New Construction - \$100, Additions/Alterations - \$50)**

Subdivision/Development Name: \_\_\_\_\_  
Lot No. : \_\_\_\_\_ Settlement Date: \_\_\_\_\_  
Name of New Owner: \_\_\_\_\_ Phone# \_\_\_\_\_

**Section B: Commercial/Industrial/Medical Service/Office Park**

**(Fee: New Construction - \$150, Existing Building/Change of Use/Tenant - \$75)**

\*Name of owner of Property: \_\_\_\_\_ Phone # \_\_\_\_\_  
\*Name of New Tenant: \_\_\_\_\_ Phone# \_\_\_\_\_

**Must submit a condo/lease line plan from an approved subdivision/land development.**

**If owner cannot provide, submit a plan showing lease lines, existing uses per unit, parking, and square footage.**

Sq. Ft. of building or portion being used: \_\_\_\_\_ No. Parking Spaces Provided: \_\_\_\_\_

Describe Current Use: \_\_\_\_\_

Describe Proposed Use: \_\_\_\_\_

Retail Sales:  Yes  No      Are Sprinklers Installed?  Yes  No

Will change require additional alterations, renovations, or fit out?  Yes  No

**If yes, please file appropriate permit applications.**

**Settlement or Lease Date:**

**FOR OFFICE USE ONLY**  Yes  No

Zoning Use Approved: \_\_\_\_\_ Comments: \_\_\_\_\_  
Zoning Officer Initials: \_\_\_\_\_

Use & Occupancy in accordance with Chapter 3 IBC Codes: \_\_\_\_\_

Type of Construction as defined in Chapter 6 of IBC Code: \_\_\_\_\_

Design Occupancy Load per table 1004.12 IBC Code: \_\_\_\_\_

Electrical Inspection Agency: \_\_\_\_\_ Date: \_\_\_\_\_

Building Official or Fire Marshal Initials: \_\_\_\_\_

**Associated Permits:**

Building # \_\_\_\_\_ Plumbing # \_\_\_\_\_ Sewer Connection # \_\_\_\_\_

Electrical # \_\_\_\_\_ HVAC # \_\_\_\_\_ Zoning # \_\_\_\_\_

Fire Protection # \_\_\_\_\_ Other # \_\_\_\_\_