



Building & Zoning Department
 729 Saint Matthews Road
 Chester Springs, Pa 19425
 Phone: 610-458-1601
 Fax: 610-458-1603
www.westvincentwp.org

**WEST VINCENT TOWNSHIP
 TEMPORARY USE OF OCCUPANCY APPLICATION
 COMMERCIAL, INDUSTRIAL AND INSTITUTIONAL
 (Required for change in use, ownership, and/or occupant)**

FEE: \$100.00

Date: _____

PART 1 – OWNER INFORMATION		
Owner Name:		
Street Address of Owner:		
City, State and Zip Code of Owner:		
Phone # of Owner:	Email Address of Owner:	
PART 2 – OCCUPANT INFORMATION		
Name of Occupant:	Phone #:	
Contact Person:	Phone #:	
PART 3 – PROPERTY INFORMATION		
Street Address of Property:		
City, State and Zip Code of Property:		
Tax Parcel #25 - _____	Building/Zoning Permit # :	
Type of use:	# of Employees:	
Purpose of Certificate: : <input type="checkbox"/> Change in Use <input type="checkbox"/> New Occupant <input type="checkbox"/> Change in Occupancy		
*Applicant: Proceed to Part 5 and 6 of Application (Page 2)		
PART 4 – TO BE COMPLETED BY TOWNSHIP		
Date of Issue:	Date Expires:	
Building Inspector Name: _____	Signature _____	Date (mm/dd/yyyy) _____
Zoning Officer Name: _____	Signature _____	Date (mm/dd/yyyy) _____
Fee Received : _____		By _____
Check # _____	Date (dd/mm/yyyy) _____	



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PART 5 – DESCRIPTION OF USE

Empty space for description of use.

PART 6 – SKETCH LOCATION

Empty space for sketch location.