



Department of Code Compliance
 1840 Municipal Drive • Lancaster, PA 17601-4105
 (717) 569-6406 Ext. 6 Fax (717) 560-4183
 codecompliance@manheimtownship.org
 www.manheimtownship.org

APPLICATION FOR CERTIFICATE OF USE AND OCCUPANCY EXISTING STRUCTURE

FILING DATE: _____

PERMIT NO. _____

The undersigned hereby applies for a Certificate of Use and Occupancy from Manheim Township, Lancaster County, Pennsylvania for the existing structure/parcel located at:

 (Property Address) (Suite/Apt. Number) (City) (Zip Code)

Zoning Use: _____
 [list the Use(s)]

Owner of Record: _____
 [Corporate Officer(s) Must Be Listed]

Owner Address: _____
 (Street Addresses No P.O. Boxes) (Suite/Apt. Number) (City) (Zip Code)

I hereby certify that I am the owner of record, or authorized agent for the owner of record, for the property listed above I authorize Manheim Township to conduct any inspections necessary to determine that all provisions of the Township Zoning Ordinance and other building, fire, plumbing and mechanical codes in affect in Manheim Township have been satisfied.

I understand and acknowledge that no Certificate of Use and Occupancy will be issued if violations of these Ordinances and codes exist, or if any dangerous or other unsafe condition is discovered. I furthermore agree and acknowledge that all violations and/or dangerous or other unsafe condition discovered must be abated within the timeframe prescribed by the Township, and failure to abate identified violations and/or unsafe conditions may result in legal action against the owner of record for the property.

I furthermore agree to hold Manheim Township or its agents harmless for any defects or deficiencies not noted or discovered on or within any premises herein described.

I further understand and acknowledge that the issuance of a Certificate of Use and Occupancy shall not prevent the Township or any authorized representative from requiring the correction of any nonconforming or dangerous or other unsafe condition that is discovered after the issuance of a Certificate of Use and Occupancy.

Applicant: _____
 Print Name

 Signature of Applicant

 Phone Number

 Email

Applicant, being duly sworn, says he/she is (Check One):
 _____ The owner of the property for which the application is made.
 _____ The authorized agent for the owner of record of the property for which the application is made.

Applicant's Address: _____

APPLICANT'S SIGNATURE REQUIRED BEFORE PROCESSING OF THIS APPLICATION.

For Office Use Only

Payment: _____ Cash Check # _____

Inspection With: _____

Zoning District: _____

Zoning Approvals By: _____

Date: _____

Comments: _____

Inspection Date & Time: _____

Code Official Approvals By: _____

Date: _____

Tax Map#: _____