Commercial Zoning Certificate Application
Washington Township Development Services Department

Type of Request:  ☐ New Construction  ☐ Addition  ☐ Use Change  ☐ Other _________________

Property Address: ________________________________________________________________

Applicant Name: ___________________________________________ Phone No.: ___________
Applicant Address: _______________________________________________________________
Property Owner: _______________________________________________ Phone No.: ___________
Property Owner’s Address: _________________________________________________________
Zoning District: _____________________________ Contractor: ___________________________
E-mail Address: ________________________________________________________________

Type of Lot:            Corner ☐ Interior ☐ Other ____________________________ Proposed Floor Area: _________square feet
Proposed Building Height: _______ Feet _______ Inches Existing Height of Building: _______Feet _______Inches
Proposed Use of Structure: _______________________________________________________
Additional Details: ______________________________________________________________

For a use change; please provide a letter of intent addressing all associated details and description(s) of the proposed use(s) as an attachment to your application request. This includes, but is not limited to, description of the business, number of employees, square footage to be occupied by use, and any additional information needed to satisfy the regulations of the Washington Township Zoning Resolution.

I hereby certify that the information and statements on this application, or attached hereto, are true and correct. I acknowledge that it is my responsibility to ensure that the proposed project and/or use shall conform to all the provisions of the Washington Township Zoning Resolution. I understand that if the information in this application is not correct or complete, any Zoning Certificate issued may be invalid. I agree to comply with all conditions and requirements that may be imposed by the approval of this application request. Any approval granted by the Township shall expire within one (1) year from the date of approval. I authorize representatives from Washington Township to enter the above-referenced property address to ensure compliance with the Zoning Certificate and any applicable requirements of the Zoning Resolution.

__________________________________________  ______________________________
Signature of Owner or Authorized Agent  Date

Date Received  ☐ Approved  ☐ Approved with Modification
☐ Denied

Date

Staff Signature  Date