



Official Use Only: Permit # Date Received:
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Plainfield Township Zoning & Code Office  
6292 Sullivan Trail  
Nazareth, PA 18064

## Proposed Change of Use Application

Subject Property Address: \_\_\_\_\_

Parcel #: \_\_\_\_\_ - 0626

Owner (s) Name: \_\_\_\_\_

Owner (s) Address: \_\_\_\_\_

Owner (s) Email: \_\_\_\_\_

Owner (s) Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

Lessee (s) Name: \_\_\_\_\_

Lessee (s) Address: \_\_\_\_\_

Lessee (s) Email: \_\_\_\_\_

Lessee (s) Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

Current Business Name (if applicable): \_\_\_\_\_

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

Current Use(s) of Structure(s)/ Property: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Proposed Use(s) of Structure(s)/Property (be as detailed as possible):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Proposed Date of Opening: \_\_\_\_\_

Existing Occupant Load (max # of people in structure) \_\_\_\_\_

Proposed Occupant Load (max # of people in structure) \_\_\_\_\_

Existing # of employees: \_\_\_\_\_ Proposed # of employees: \_\_\_\_\_

Square footage of commercial structure(s) \_\_\_\_\_

Existing # of parking spaces: \_\_\_\_\_ Proposed # of parking spaces: \_\_\_\_\_

Sprinkler System: YES or NO

Existing Size of Septic Tank: \_\_\_\_\_ gallons

Existing Size of absorption field: \_\_\_\_\_ square feet

Days and Hours of Operation (*Please check off all days that apply and indicate respective house of operation for each day*):

Sunday: \_\_\_\_\_ AM - \_\_\_\_\_ PM  
Monday: \_\_\_\_\_ AM - \_\_\_\_\_ PM  
Tuesday: \_\_\_\_\_ AM - \_\_\_\_\_ PM  
Wednesday: \_\_\_\_\_ AM - \_\_\_\_\_ PM

Thursday: \_\_\_\_\_ AM - \_\_\_\_\_ PM  
Friday: \_\_\_\_\_ AM - \_\_\_\_\_ PM  
Saturday: \_\_\_\_\_ AM - \_\_\_\_\_ PM

Type of Signs for Display and/or Advertising (*may require additional permitting*):

Quantity for each type of sign: \_\_\_\_\_ Wall \_\_\_\_\_ Window \_\_\_\_\_ Roof \_\_\_\_\_ Ground

Other (please describe) \_\_\_\_\_

Size of Sign (s): \_\_\_\_\_ Are the signs illuminated: YES or NO

Are the signs: NEW or EXISTING

If both new and existing, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

Name of Applicant: (Print) \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

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

*The above person or persons do hereby certify and attest by affixing their signature above that the information checked off and provided within this submission is true and correct to the best of their knowledge, understanding and belief.*