

FOR OFFICE USE ONLY

PERMIT NO _____ ISSUE DATE _____ ISSUED BY _____
PERMIT FEE \$ _____ DENIED DATE _____ DENIED BY _____

PLEASE SEE CHADDS FORD TOWNSHIP FEE SCHEDULE FOR APPLICABLE FEES

CHADDS FORD TOWNSHIP

10 Ring Road, Chadds Ford, PA 19317
Phone: (610) 388-8800 Fax: (610) 388-5057
E-mail: info@chaddsfordpa.gov

CERTIFICATE OF USE AND OCCUPANCY APPLICATION

Application is hereby made to Lease: _____ or Purchase: _____ Date: _____

Property Street Address: _____

Building Type (Circle One): COMMERCIAL NEW CONSTRUCTION/RESIDENTIAL

Parcel #: _____ Square Footage: _____

Current Owner: _____

Owner Address (if different than property address): _____

City: _____ State: _____ Zip: _____

Owner Phone: _____ E-Mail: _____

Buyer / Tenant's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Tenant Phone: _____ E-Mail: _____

Is there a change in Use? (Circle One): YES - NO

If Yes, Explain the Description of the Proposed Use:

Owner's Signature

Date