RADNOR TOWNSHIP
DEPARTMENT OF COMMUNITY DEVELOPMENT
301 IVEN AVENUE, WAYNE, PA 19087

APPLICATION FOR CERTIFICATE OF OCCUPANCY

****

TO BE COMPLETED BY APPLICANT

PROPERTY ADDRESS: _____

CURRENT OWNER: _____

OWNER ADDRESS: _____

OWNER PHONE NO: _____

TENANT/BUSINESS NAME:_____

TENANT/BUSINESS ADDRESS:_____

TENANT/BUSINESS PHONE NO: _____

USE OF PROPERTY: _____

MAIL CERTIFICATE TO: _____

_____

CERTIFICATE OF OCCUPANCY FOR:

_____ **CODE COMPLIANCE** _____ **ZONING COMPLIANCE**

_____ **LEGAL NON-CONFORMING USE** _____ **HOME OCCUPATION**

_____ **Traffic** _____ **Non Traffic**

_____ _____

DATE **SIGNATURE OF APPLICANT**

TO BE COMPLETED BY TOWNSHIP

CO NO: _____ **FEE:** _____ **DATE RECEIVED:** _____