



PERMIT APPLICATION SUBMITTAL
REQUIREMENTS for
TEMPORARY TENT, CANOPY AND MEMBRANE
STRUCTURE PERMIT

Please fill out this application and return it to the Center Township Office. This application DOES NOT give approval to continue with construction. You will be notified when your permit is ready or if your permit is denied. You must also include a "to scale" plot plan showing the proposed location of the temporary structure.

SITE OWNER INFORMATION

Site Address _____ City _____ Zip _____
If business, business name _____
Owners Name _____ Owners Phone # _____
Owners Address _____ City _____ State _____ Zip _____

TEMPORARY STRUCTURE INFORMATION

Size of structure ___ length ___ width ___ height Will it have electric yes no
Type of structure tent canopy inflatable other _____
Structure will have 1 2 3 4 closed sides totally open other (explain on back)
Tentative installation date _____ Tentative removal date _____
Set up company; Name _____ Phone # _____
Address _____ City _____ State _____ Zip _____
Name of business using structure _____ Phone # _____
Address _____ City _____ State _____ Zip _____
Responsible individual name _____ Phone # _____
What will temporary structure be used for (be specific, attachments may be necessary):

TAXES, CHECK ONE

Above business will be open to public for less than 30 days.
 Above business will be open to the public for more than 30 days and I have applied to Berkheimer and Associates (1 800 360 7214) for collection of mercantile tax, business privilege tax and business permit.

APPLICANT INFORMATION

I THE BELOW SIGNED APPLICANT CERTIFIES THAT ALL INFORMATION GIVEN IS CORRECT AND THAT ALL PERTINANT ORDINANCES WILL BE COMPLIED WITH IN PERFORMING THE WORK FOR WHICH THIS PERMIT IS ISSUED.
(print) Date _____
Name _____ Applicant's signature _____
Address _____ E-Mail _____
City _____ State _____ Zip _____ Phone # _____

>> PERMIT EXPIRES 90 DAYS FROM ISSUE DATE <<

BELOW TO BE COMPLETED BY TOWNSHIP

Application received by _____ on (date) _____ File # _____
Permit # _____ Issued on (date) _____ Approved by (code official) _____
Required Fee \$ _____ Fee Paid \$ _____ Check # _____ Received by _____

-----OCCUPANCY APPROVAL -----

ITEMS LISTED ABOVE WERE FOUND BY VISUAL INSPECTION TO BE IN COMPLIANCE WITH
(code) _____ on (date) _____ by (Code Official) _____

CENTER TOWNSHIP, 150 Henricks Road Butler, PA 16001-8472
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E-Mail: admin@centertownship.net