



# TOWNSHIP of LIGONIER

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## APPLICATION FOR ZONING OCCUPANCY PERMIT

**Applicant's Name and Address** \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Owner's Name and Address** \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Property Located at: \_\_\_\_\_

Tax Map No. \_\_\_\_\_ Zoning District \_\_\_\_\_

Date occupancy will begin \_\_\_\_\_

Septic Permit/Sewer Tap No. \_\_\_\_\_ Date Issued \_\_\_\_\_

Premises serviced by Municipal Water Well  
Municipal Sewer Septic

### Current Use

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Single Family Dwelling | <input type="checkbox"/> Two Family Dwelling | <input type="checkbox"/> Multi-Family Dwelling |
| <input type="checkbox"/> Commercial             | <input type="checkbox"/> Institutional       | <input type="checkbox"/> Industrial            |
| <input type="checkbox"/> Agricultural           | <input type="checkbox"/> Home Business       | <input type="checkbox"/> other (specify) _____ |

(Describe intended use in detail)

\_\_\_\_\_

I hereby certify that all of the above statements and the information set forth on any papers or plans submitted herewith are true and correct to the best of my knowledge and belief.

Print Name \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

Applicants Signature \_\_\_\_\_

# ADDITIONAL INFORMATION FOR SHORT TERM RENTAL UNITS

Does the owner of the property reside at a location over 30 miles from property? Y N

If yes list Name and Number of Local contact. \_\_\_\_\_

\_\_\_\_\_

Number of Short Term Rental Units on property. \_\_\_\_\_

Total number bedrooms \_\_\_\_\_ Maximum number of guests \_\_\_\_\_

Submitted a diagram of the location and number of parking lots? Y N

Is the notice referenced in Article , section J of the Zoning Ordinance properly posted? Y N

Submitted current copy of Westmoreland County Hotel Tax Certificate? Y N

Submitted current copy of PA Sale Tax License? Y N

## **Township Action**

Date \_\_\_\_\_ This application is approved and a permit is issued

Date \_\_\_\_\_ This application is denied for the following reasons

\_\_\_\_\_

\_\_\_\_\_

Occupancy Permit \_\_\_\_\_

Issued \_\_\_\_\_

Fee Paid \_\_\_\_\_

\_\_\_\_\_

Zoning Officer