CERTIFICATE OF ZONING COMPLIANCE
APPLICATION FORM

Butler Township
Department of Zoning Administration

Date _____ Certificate No. _____

1. Location of the property for which the Certificate of Zoning Compliance is being made:
   _____
   Street Number Street Name
2. Business Name:_____
3. Name of Applicant:_____
   Applicant's Address:_____
   City_____, State_____, Zip_____, Phone No._____
4. Property Owner's Name:_____, Phone No._____
   Address_____, City _____, State_____, Zip_____
5. **Corporations**: list names of the following corporate officers:
   President Name_____ SSN _____ - _____ - _____
   Vice President Name_____ SSN _____ - _____ - _____
   Secretary Name_____ SSN _____ - _____ - _____
   Treasurer Name_____ SSN _____ - _____ - _____
   Agent's for Certificate of Service, Name_____
   Agent's Address_____, City,_____, State_____, Zip_____
   Corporation's Federal Identification Number_____
6. **Partnerships**: List names of individuals in the partnership (if additional space is needed for complete list of partners, list on the reverse side of this form).
   Name_____ SSN _____ - _____ - _____
   Address_____, City_____, State_____, Zip_____

   Name_____ SSN _____ - _____ - _____
   Address_____, City_____, State_____, Zip_____
7. **Sole Proprietorship**:
   Name_____ SSN _____ - _____ - _____
   Address_____, City_____, State_____, Zip_____
8. Describe in detail how the property is to used (if additional space is needed, use the reverse side or attach comments to this form)._____
   _____
   _____
   _____
   _____
   _____

I hereby affirm that the information and statements given on this application are true and correct to the best of my knowledge. I understand that if the information in this application is not correct or complete, the result may be the invalidation of this and all subsequent permit(s) issued in conjunction with this Zoning Permit.

Date Filed_____/_____/_____ _____
Signature of Applicant

Please Note: SSN may be used for background checks

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Fire Department Inspection Completed On: _____/_____/_____

Permit Fee$_____ Date Issued_____/_____/_____ BZA Case No._____

Remarks_____
_____
_____
_____

_____
Zoning Administrator Date