



**COMMERCIAL LANDLORD-TENANT
(BUSINESS RELATED)
OCCUPANT REGISTRATION**

PROPERTY/BUILDING INFORMATION

Tax Map #:		
Property/Owner:	First Name:	Last Name:
Property Address:	Street Address:	
	City/State/Zip:	
Current Zoning District: (Refer to §87-12(A) of the Hempfield Township Zoning Ordinance of 2014)		
Current Use of the Property: (Refer to Zoning Ordinance, Table 1 (Table of Uses))		

LANDLORD INFORMATION

Landlord	First Name:	Last Name:
Mailing Address:	Street Address:	
	City/State/Zip:	
Phone #:	Email Address:	

1132 Woodward Drive, Greensburg, PA 15601
724-834-7232 724-853-8815 – Fax
www.hempfieldtp.com
Hempfield Township is an Equal Opportunity Employer

APPLICANT/MANAGEMENT AGENCY INFORMATION (If different from Landlord info.)			
Applicant/Management Agency:	First Name:	Last Name:	
Mailing Address:	Street Address:		
	City/State/Zip:		
Phone #:		Email Address:	
TENANT INFORMATION			
Tenant 1			
First Name:		Last Name:	
Business Name:			
Store/Facility/Plaza/Mall Name:		Occupancy Permit No. ***	
Street Address:		Space/Location in Bldg.	
City/State/Zip:			
Phone #:		Email Address:	
Name of Manager:		Manager Phone:	
Emergency Contact Person:		Emergency Phone:	

Tenant 2			
First Name:		Last Name:	
Business Name:			
Store/Facility/Plaza/Mall Name:		Occupancy Permit No. ***	
Street Address:		Space/Location in Bldg.	
City/State/Zip:			
Phone #:		Email Address:	
Name of Manager:		Manager Phone:	
Emergency Contact Person:		Emergency Phone:	
Tenant 3			
First Name:		Last Name:	
Business Name:			
Store/Facility/Plaza/Mall Name:		Occupancy Permit No. ***	
Street Address:		Space/Location in Bldg.	
City/State/Zip:			
Phone #:		Email Address:	
Name of Manager:		Manager Phone:	
Emergency Contact Person:		Emergency Phone:	

Tenant 4			
First Name:		Last Name:	
Business Name:			
Store/Facility/Plaza/Mall Name:		Occupancy Permit No. ***	
Street Address:		Space/Location in Bldg.	
City/State/Zip:			
Phone #:		Email Address:	
Name of Manager:		Manager Phone:	
Emergency Contact Person:		Emergency Phone:	
Tenant 5			
First Name:		Last Name:	
Business Name:			
Store/Facility/Plaza/Mall Name:		Occupancy Permit No. ***	
Street Address:		Space/Location in Bldg.	
City/State/Zip:			
Phone #:		Email Address:	
Name of Manager:		Manager Phone:	
Emergency Contact Person:		Emergency Phone:	

If there is a CHANGE in occupancy/tenancy, a change of occupancy form must be completed and submitted to the Township within thirty (30) days of the change.

Please note that any new Commercial Occupant must file and pay a fee for an occupancy permit at the Hempfield Township Code Enforcement Department.

Occupancy Permits are not transferrable.

VERIFICATION

I verify that the statements made in this application are true and correct to the best of my personal knowledge or information and belief. I understand that false statements herein are made subject to the penalties of Section 4904 of Pennsylvania Statutes, Title 18 (Crimes Code), relating to unsworn falsification to authorities.

Date:		Building Owner/Landlord's Signature:	
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FOR TOWNSHIP USE ONLY:

LANDLORD-TENANT TENANT REGISTRATION

Date Registration Received:		Approved by:		Date Approved:	
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