

# Clifton Township

361 State Route 435 Clifton Township PA 18424  
Office: 570-842-4272 Email: Secretary@cliftontownship.com

## Application for New Commercial Tenant

I hereby certify that I am the owner of record, or that I have been authorized by the owner of record to submit this application. I certify that the Zoning Officer or his representative shall have the authority to enter the areas in which this work is being performed at any reasonable hour to enforce the provisions of the codes governing this project. I further certify that this information is true and correct to the best of my knowledge and belief. This permit is issued only for the purpose applied for. Alternations and/or construction may require a building permit. Signs require separate permits. Please contact the Township for additional information.

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### OWNER OF RECORD OR APPLICANT AUTHORIZED BY OWNER

Contact: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_

Interest in Property ☐ Owner ☐ Tenant ☐ Management Company ☐ Other

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### NEW TENANT ☐ Check if Applicant

Contact: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

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### PROPERTY

Address: \_\_\_\_\_

Tax Parcel (PIN) No: \_\_\_\_\_ Deed Reference: \_\_\_\_\_

Current Use: \_\_\_\_\_

Current Business Name (if applicable): \_\_\_\_\_

Proposed Use (be as detailed as possible): \_\_\_\_\_

New Business Name (if applicable): \_\_\_\_\_

APPLICANT: \_\_\_\_\_

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**TOWNSHIP USE ONLY**

Application Receipt Date: \_\_\_\_\_ Fee: \$ \_\_\_\_\_ Date Fee Received: \_\_\_\_\_

Received By: \_\_\_\_\_

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**ZONING OFFICER USE ONLY**

☐ Application APPROVED

☐ Application DENIED

Reasons: \_\_\_\_\_

\_\_\_\_\_

Date Applicant was Notified: \_\_\_\_\_

\_\_\_\_\_

Clifton Township Zoning Officer Signature

\_\_\_\_\_

Date