

**TENTS, CANOPIES AND OTHER MEMBRANE STRUCTURES
 TEMPORARY (less than 180 days)
 Occupancy Permit Application**

*Please fill out this application and return it to the Center Township Office. This application **DOES NOT** give approval to continue with set up. 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 _____
Owners Name _____	Owners Phone # _____	
Owners Address _____	City _____	Zip _____

TEMPORARY STRUCTURE INFORMATION	
Size of structure ____ length ____ width ____ height	Will it have electric <input type="checkbox"/> yes <input type="checkbox"/> no
Type of structure <input type="checkbox"/> tent <input type="checkbox"/> canopy <input type="checkbox"/> inflatable <input type="checkbox"/> other _____	
Structure will have <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 closed sides	<input type="checkbox"/> totally open <input type="checkbox"/> other (explain on back)
Tentative installation date _____	Tentative removal date _____
Set up company; Name _____	Phone # _____
Address _____	City _____ Zip _____

TEMPORARY STRUCTURE OCCUPANT INFORMATION	
Name of business using structure _____	Phone # _____
Address _____	City _____ Zip _____
Responsible individual name _____	Phone # _____
What will temporary structure be used for (be specific, attachments may be necessary): _____ _____	

CHECK ONE	
<input type="checkbox"/>	Above business will be open to public for less than 30 days.
<input type="checkbox"/>	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.

I the applicant certify all the above to be true:

Applicant signature: _____ Date _____
 Applicant name (print) _____ Phone _____
 Address: _____ City _____ Zip _____

**CENTER TOWNSHIP, 419 Sunset Dr., Butler, PA 16001
 Phone 724 282 7805 Fax 724 282 6550**