



West Grove Borough  
117 Rosehill Avenue, P.O. Box 61  
West Grove, PA 19390  
Phone: 610-869-2792 Fax: 610-869-4138  
[www.westgroveborough.org](http://www.westgroveborough.org)  
[administrator@westgroveborough.org](mailto:administrator@westgroveborough.org)

**CERTIFICATE OF USE & OCCUPANCY APPLICATION**  
**for NEW, CHANGE of TENANT OR USE of any Borough Commercial Property**

**Fee: \$125.00**

☐ Sewer Approved \_\_\_\_\_ Date \_\_\_\_\_ ☐ Water Approved \_\_\_\_\_ Date \_\_\_\_\_

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

Tax Parcel Number: \_\_\_\_\_ Zoning District: \_\_\_\_\_

Property Owner: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Owner Email: \_\_\_\_\_

Previous Business/Occupant: \_\_\_\_\_

**New Business:** \_\_\_\_\_

Business Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Business Email: \_\_\_\_\_

**Management Company** (if applicable): \_\_\_\_\_

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

Co. Representative Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**Business Type:** ☐ Restaurant/Food Service ☐ Office/Professional ☐ Other

**Proposed Use Is:** ☐ By Right ☐ Special Exception ☐ Conditional Use

**Description of Business:**

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Anticipated Opening Date: \_\_\_\_\_

Total Square Feet of Occupied Space: \_\_\_\_\_

Number of Employees: \_\_\_\_\_ Part Time \_\_\_\_\_ Full Time

Hours of Operation: \_\_\_\_\_

**This application must be accompanied by the following:**

- 1 Floor/Sketch Plan showing the commercial space, labeling how the space is being used (eg., sales counter, shelving, restrooms, tables, etc.) Please note: any interior or exterior alterations to the commercial space is subject to UCC Permitting. Failure to secure an UCC building permit before making alterations may result in fines, further citation and/or denial of an Use and Occupancy certificate.
- 2 Copy of your business license and all permits and licenses required by other state and/or local authorities, including but, depending on the nature of your business not limited to:  
County Health Department - 610-344-6225
- 3 Once this application is ready, we will call you to schedule an inspection prior to opening.

Please note: Any interior or exterior alterations to the commercial space is subject to UCC Permitting.  
Please contact the Borough office prior to submitting this application.

I hereby certify under the penalties provided by the law that all statements made herein are to the best of my knowledge and belief true, correct, and complete. I certify I have been authorized by the owner to make this application as the authorized agent and agree to all applicable laws of this jurisdiction. Construction shall comply with the most current ICC Building Codes adopted by the Commonwealth of Pennsylvania and the Borough of West Grove as well as the American Disabilities Act where applicable.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Property Owner's Signature (if different than applicant)

\_\_\_\_\_  
Date

Your application will not be reviewed until all the required information has been provided. Based on this information, the Zoning Administrator will advise the applicant of any required Uniform Construction Code Permits. Regardless of any additional permits, a Use and Occupancy Inspection is required.

Applications cannot be reviewed nor inspections scheduled until all the documentation and associated fees are received and paid in full. Timeframes may vary depending on the details of your application and intended end-uses. Your application will be reviewed and either approved or denied within 30 days from the date the **completed** application was submitted. If an application is denied, a letter will be mailed and/or emailed to the applicant stating the reason for denial.

As per the Borough of West Grove Schedule of Fees, the applicant shall be responsible for any additional Consultant fees above and beyond the collected inspection fees on an "as invoiced" basis that may not be ascertained at the submission of the application and are due upon permit pick up.

Office Use Only

Submitted Documents:

Floor/Sketch Plan	Yes	No	
Building Plan (sealed/signed)	Yes	No	Bldg Permit #: _____
Sewer Will Serve Letter	Yes	No	Date: _____
Water Will Serve Letter	Yes	No	Date: _____
Licenses Required	Yes	No	

Specify: \_\_\_\_\_

\_\_\_\_\_

Zoning Approval:	Yes	No
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Date Approved: \_\_\_\_\_

Codes!Zoning Officer Signature: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Resubmitted: \_\_\_\_\_

Payment Received:      Date: \_\_\_\_\_      Cash      Check

NOTES: (if applicable)