

Hemlock Township Permit Application

Change of Use or Occupancy



1. Store location and suite number (if applicable): _____
Previous Use (if known): _____
2. Property Owner name, address, and phone number: _____

3. Has Property Owner given consent: (Check One) Yes ___ No ___
4. Name of Person Applying: _____
Address: _____

Phone Number: _____

Name and Phone Number of Manager/Representative: _____
E-mail address for Manager/ Representative: _____
5. If temporary, permit requested for the following dates: From: _____ To: _____
6. Type of business: Retail ___ Manufacturing ___ Food Service ___ Educational ___
Other (describe): _____

If retail, what type of items will be sold: _____
7. Lock Box Application completed? Yes ___ No ___ Lock Box installed? Yes ___ No ___
8. Change of Use Permit fees are \$50.00. Check must be submitted with application for approval.
Make check payable to: ***Hemlock Township Supervisors***
9. Submit Application to:
Hemlock Township Supervisors
Attn: Zoning Officer
26 Firehall Road
Bloomsburg PA 17815
10. Signature of Applicant: _____ Date: _____

Note: Any questions about this application can be directed to the Hemlock Township Zoning Officer at (570) 784-6178