

REGISTRATION OF TEMPORARY USE OR STRUCTURE

Mount Pleasant Township, Washington County, PA

Mount Pleasant Township 31 McCarrell Road Hickory, PA 15340 Phone: 724-356-7928 Fax: 724-356-7751	User Fee \$ _____ (Consult Current Fee Schedule) Make Check Payable to: Mount Pleasant Township Check Number _____ Date _____ Received by _____ (This serves as your receipt)	REGISTRATION NUMBER _____ _____
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Temporary uses or structures, other than a construction trailer, model homes or sales offices may be granted for a specific time period not to exceed six months. If continued need for the temporary use or structure on an annual basis is demonstrated by the applicant, approval may be granted for annual renewal by the Zoning Officer provided that all conditions of the original approval are maintained and payment of the user fee is received. All temporary uses or structures shall be removed within 10 days of the expiration of the specific period for which the structure or use is approved. No additions or changes to the temporary use or structure may be made without the express consent and prior approval of Mount Pleasant Township.

Name and address of the applicant:

NAME: _____ Date _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (____) _____

Site name: _____ Site address _____

Parcel ID Number – 460- _____

Description of temporary use or activity performed _____

List of all temporary structures _____

Washington Co. Sewage Council Holding Tank Permit Number (Attach a copy) - _____

Highway Occupancy Permit (Attach a copy) - _____ Storm Water Management Plan (Attach a copy) - _____

Requested time, up to six months, that the temporary use or structure will remain _____

Mount Pleasant Township reserves the right to thoroughly examine all applications and attachments. No application will be reviewed or approved without all of the above attachments. Additional information may be required. Applications will be approved or denied in writing. By filing this application, the applicant agrees to comply with all applicable federal and state laws, and Mount Pleasant Township Ordinances.

I certify the above information is true and correct.

APPLICANT / AGENT SIGNATURE

PRINT NAME

DATE

(FOR MUNICIPAL USE ONLY) **APPROVED FOR THE PERIOD OF _____ TO _____**

BY: _____ DATE: _____

DENIED-REASON FOR DENIAL - _____