

Phone (570) 829-3439  
Extension 4141

Fax (570) 208-2642  
zoning@plainstownship.org

**TOWNSHIP OF PLAINS**  
ZONING/CODE ENFORCEMENT OFFICE  
126 North Main Street  
Plains, PA 18705

ZONING COMPLIANCE APPLICATION # \_\_\_\_\_ CLOSING DATE: \_\_\_\_\_

**PER UNIT COST:** \_\_\_\_\_ **Commercial \$175.00**

**LOCATION, OWNERSHIP AND PRESENT USE OF PROPERTY:**

1. Address \_\_\_\_\_ Zoning District \_\_\_\_\_

2. **Current** Owner Information: Name: \_\_\_\_\_

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

3. **NEW (Business)** Information: Name: \_\_\_\_\_

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

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

4. Present Use of Structure \_\_\_\_\_

5. Present Use of Land \_\_\_\_\_

6. Will the Use of the Building/Land change? YES NO

6A. If YES indicate proposed use \_\_\_\_\_

Access/Egress adequate for use? \_\_\_\_\_ Number of exits (building) \_\_\_\_\_

Adequate number of smoke detectors located throughout the building? \_\_\_\_\_ (Number) \_\_\_\_\_

Fire Extinguishers operational and accessible? \_\_\_\_\_ Exits Clearly Marked? \_\_\_\_\_

Covers on receptacles/outlets? \_\_\_\_\_ Railings on stairways? \_\_\_\_\_ Number of steps \_\_\_\_\_

**A. Name & 24 Hour Local Contact number (Landlord/Manager)**

\_\_\_\_\_

**B. CONTACT INFORMATION**

1. Name & Phone Number Person with access for inspection \_\_\_\_\_

The undersigned verifies that all statements on this application are true & correct. The undersigned further states that he understands any false statements made herein are subject to the penalties of 18 PA S.C. Section 4904, relating to unsworn falsification to authorities.

**IF UNIT FAILS INSPECTION ADDITIONAL PER UNIT FEE WILL BE ASSESSED**

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

**C. DATES ACTION TAKEN:**

1. Approved Yes  No  BY: \_\_\_\_\_ Date \_\_\_\_\_

-----  
2ND Inspection Date: \_\_\_\_\_ Passed: Yes  No  3<sup>RD</sup> Inspection Date: \_\_\_\_\_ Passed: Yes  No