

FORM NO. 1-A
APPLICATION FOR CHESTER TOWNSHIP
ZONING CERTIFICATE
COMMERCIAL/INDUSTRIAL ADDENDUM
TO FORM NO. 1

CERTIFICATE NUMBER:
DATE _____

THIS APPLICATION SHALL BE COMPLETED BY THE APPLICANT (PLEASE PRINT)

For Official Use: Addendum is Complete.

NAME OF COMPANY: _____

D.B.A: _____

ADDRESS: _____

TELEPHONE NO.: _____

NAME OF BUSINESS OWNER: _____

ADDRESS: _____

TELEPHONE NO.: _____

NAME OF MANAGER: _____

DETAILED DESCRIPTION OF THE NATURE OF THE BUSINESS: _____

MAXIMUM NUMBER OF EMPLOYEES WORKING AT ANY ONE TIME: _____

BUILDING/UNIT SIZE: _____ FT. X _____ FT. TOTAL = _____ SQ. FT.

PROPOSED SIGN TYPE: WALL GROUND OTHER _____

NOTE: COMPLETE FORM 2 (SIGN APPLICATION) FOR ALL NEW SIGNS.