



# BOROUGH OF POTTSTOWN

Borough Hall, 100 East High Street  
Pottstown, Pennsylvania 19464-9525  
(610) 970-6520 (610) 970-6599 fax

## Starting A Business/Zoning Review Application: Commercial/Mixed-Use

Zoning Ordinances divide the Borough into Zoning Districts. Within these districts there are specific requirements to the Use permitted. It is important to verify which zoning regulations apply to your proposed location. The more precise and accurate the information, the better the Zoning Officer can assist you through this process. The questions on this form may not be all inclusive due to the diverse nature of properties within the Borough.

The Zoning Ordinance and map is available online @ [www.pottstown.org](http://www.pottstown.org).

- A \$50 zoning review fee, in the form of a check, must be submitted along with this form. Fees are non-refundable.
- This fee and determination are specifically limited to 909.1(a)(2) of the Pennsylvania Municipalities Planning Code.

1. **Property Address** \_\_\_\_\_ **Unit#** \_\_\_\_\_

Parcel #1600- \_\_\_\_\_ **Zoning District** \_\_\_\_\_

### 2. Sketch

- A. Provide an informal sketch on 8 1/2 x 11" paper (or larger) of the existing and proposed floor plans complete with dimensions (include total square footage), and location of doors and windows.
- B. Show all surrounding space in the building and note their uses and square footage.
- C. Show on-site parking to include number of spaces.

**Please review and answer all questions listed below. Should your answers require additional information, please use a separate sheet of paper.**

### 3. Property information – Existing Features:

Historic Zone: Yes  No  Is the proposed unit vacant? Yes  No

Residential: # of Units \_\_\_\_\_  Commercial: # of Total Units in Building \_\_\_\_\_

4. Below, list all existing uses currently in the building and on the property, i.e. doctor office, restaurant, grocery store, retail, warehouse/storage, residential units, etc.

<u>Unit Number and Use</u> (Specify if Commercial [C] or Residential [R])	<u>Total Square Footage of Unit</u>	<u>Type of Business</u> (if occupied: list current business type– if vacant: list past business type)

Number of parking spaces on-site: \_\_\_\_\_ *Include on sketch*

**5. Proposed use:**

Specific type of proposed business/use - Include products to be sold, equipment and/or processes to be used:

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Name of proposed new business: \_\_\_\_\_

Website address if applicable: \_\_\_\_\_

Number of employees \_\_\_\_\_ Days of operation \_\_\_\_\_

Hours of operation \_\_\_\_\_ How many deliveries per week \_\_\_\_\_

What type of advertising/signage will be associated with this use: \_\_\_\_\_

Will there be any noise, lighting, odors, etc. Explain: \_\_\_\_\_

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What are the proposed hours for deliveries or pick-up; if any \_\_\_\_\_

Where is the location of trash pick-up disposal; is there screening? \_\_\_\_\_

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**6. If child-care/adult care/other living:**

Number of clients/residents \_\_\_\_\_

*Provide sketch showing off street parking, drop off locations, playground information, and any other "conditional" requirements.*

**Conversion of commercial to residential or vice versa:**

Change from Commercial to Residential    Change from Residential to Commercial

What is square footage of the ground floor? \_\_\_\_\_

How many stories does the building have? \_\_\_\_\_

**Along with a sketch showing existing features, provide another sketch to include the unit sizes and locations after the proposed conversion. Distinguish and note commercial and residential spaces.**

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**7. Owner of Property MUST sign:**

Owner Name \_\_\_\_\_ Phone Number \_\_\_\_\_

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

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

Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

**8.** Applicant Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Applicant Address \_\_\_\_\_

Applicant Email \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant is:    Business owner    Other \_\_\_\_\_

- **Your proposed use must meet all state & federal requirements and licenses.**
- **Inspections are required for all commercial spaces.**
- **Permits are required for Signage.**
- **After successful inspection, a Business License must be obtained from our office.**

**Office Use**

Zoning Officer \_\_\_\_\_ Date \_\_\_\_\_

Inspection/Site Visit    Yes , Date \_\_\_\_\_    No

Notes: \_\_\_\_\_  
\_\_\_\_\_