

APPLICATION FOR CERTIFICATE OF COMPLIANCE

Old Lycoming Township
1951 Green Avenue
Williamsport, PA 17701
Phone 570-322-6906, Fax 570-322-5347

APPLICATION FEE:

Business Name _____

Business Address _____

Business Phone _____

Manager Name _____

Manager Phone _____

Property Owner Name _____

Property Owner Address _____

Property Owner Phone _____ **Email:** _____

Nature of Business _____

Number of Employees _____

Square Footage _____

Hours of Operation _____

CERTIFICATION OF APPLICATION:

I/we certify that the statements made in this application are true and correct and understand that false statements herein are made subject to the penalties of PA C.S. Section 4940 relating to unsworn falsifications to authorities.

Applicant Signature **Date**

OLD LYCOMING TOWNSHIP POLICE

After-Hours Business Contact Information

Fax # 323-5941

Business Name	
Address	
City	
State	
Zip	
Business Phone	
Business Fax	
Municipality	
Contact Person #1	
Contact Person #1 Phone	
Contact Person #1 Cell	
Contact Person #2	
Contact Person #2 Phone	
Contact Person #2 Cell	
Contact Person #3	
Contact Person #3 Phone	
Contact Person #3 Cell	
Updated	
Additional Information	

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OFFICIAL USE ONLY

Tax Parcel #	_____	APPROVED	___
Zoning District	_____	DENIED	___
Check/Receipt #	_____	Logs Updated	___
Permit #	_____		

Zoning Officer Signature

Date

NOTES: