

Borough of Dublin

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Dublin, PA 18917
(215) 249-3310 Fax (215) 249-9875

Official Use Only

Date Rec. _____

Date Paid: _____

Check # _____

Reviewed By: _____

Issue Date: _____

NON- RESIDENTIAL MOVING PERMIT

TMP No. 10- _____

Zoning Permit # _____

PERMIT REQUIRED BY DUBLIN BOROUGH ORDINANCE NO. 147. ADOPTED **MARCH 5, 1984**. ANY PERSON(S), FIRMS OR CORPORATION WHO FAILS TO OBTAIN A MOVING PERMIT OR WHO FURNISHES FALSE OR MISLEADING INFORMATION SHALL UPON SUMMARY CONVICTION BEFORE A DISTRICT JUSTICE BE SENTENCED TO PAY A FINE NOT EXCEEDING TWO HUNDRED (\$1000.00) DOLLARS OR UNDERGO IMPRISONMENT NOT EXCEEDING TEN DAYS OR BOTH.

Trade or Corporate Name _____	Date of Occupancy _____
Address of Premises to be Occupied _____	Mailing Address (if Different) _____
_____	_____
Phone Number _____	Email _____

Type of Business or Industry _____	Number of Employees: _____
Total gross floor area to be used: _____	Number of Parking Spaces: _____

Property Owner _____
Mailing Address of Owner _____

Phone Number: _____

Individuals Having Financial Interest in Business:				
Name	Address	Phone #	Make/Model of Vehicles	License Plate#

Moving From:(if applicable) _____	Mover: _____

"I certify that the foregoing information is true and correct in all respects"

Applicant
Permit Issue Date _____
Borough Employee _____
Date _____