

APPLICATION FOR CERTIFICATE OF USE AND OCCUPANCY

Location (Exact Street Address)		Business Name	
Proposed Use (Use Back if necessary)		Current Use (or previous use if vacant)	
What part of the building will you occupy?	How much space?	Is space now vacant? <input type="checkbox"/> Yes <input type="checkbox"/> No	How long has it been vacant?
Applicant		Owner	
Additional Contact			
Name			
Firm Name			
Address			
City/State/Zip			
Phone			
Fax			
Mail Certificate to (check one): <input type="checkbox"/> Applicant <input type="checkbox"/> Owner <input type="checkbox"/> Additional contact Who will meet the inspector at the property? (check one) <input type="checkbox"/> Applicant <input type="checkbox"/> Owner <input type="checkbox"/> Additional Contact			

The undersigned hereby attests to the above information as accurately describing the premises and proposed occupancy to the best of his/her knowledge and ability and that he/she has the permission of the owner(s) or agent to make this application and allow all necessary inspections of the premises. Any falsification or misinformation may result in enforcement of penalties prescribed in local ordinance and state law. The undersigned understands that completion of this form does not allow occupancy of the premises.

Signature of Applicant

Date

DO NOT WRITE BELOW THIS LINE – FOR OFFICIAL USE ONLY

Application Checklist			Inspections
Zoning Approval:	<input type="checkbox"/> Special Use	<input type="checkbox"/> Variance	Inspections have been scheduled as follows: <input type="checkbox"/> Building/Construction <input type="checkbox"/> Plumbing <input type="checkbox"/> Electrical <input type="checkbox"/> Fire/Sprinkler <input type="checkbox"/> Health Department Contact your local Building Code Department to schedule all necessary inspections or contact our main office at 717-664-2347 Inspector assigned to this job is:
Granted:	Expires:	Case #	
<input type="checkbox"/> Capacity placard required <input type="checkbox"/> Capacity calculation required <input type="checkbox"/> State Health Dept.			
<input type="checkbox"/> Property has a boiler <input type="checkbox"/> Property has an elevator <input type="checkbox"/> Property has a sprinkler system			
Use & Occupancy Type (Ch.3):	Type of Construction (Ch.6)	Design Occupant Load:	
Previous L&I Certificate: <input type="checkbox"/> Yes <input type="checkbox"/> No	L&I Cert. Date:	L&I Certificate Use:	
Checked by Building Code Official:	<input type="checkbox"/> Fee Paid:		
Certificate #	Date:	Cancelled or rejected:	