MUNICIPALITY of PENN HILLS

SAMPLE ONLY

102 DUFF RD.,PENN HILLS PA 15235 (412) 342-1192

CODE ENFORCEMENT DEPARTMENT

CERTIFICATE OF USE, OCCUPANCY AND COMPLIANCE

Note: Please Print or Type This Application

Permit No._____

Date:_____ Lot & Block No._____ Receipt No._____

Fee:_____

APPLICANT

Location of Structure_____Apartment No._____

Current Owner _____ Telephone No._____

Current Owner's Address_____

CHANGE OF OWNER_____ New Owner_____

CHANGE OF OCCUPANT____ New Owner's Address_____

OTHER_____ New Occupant(s)_____

(INCLUDE FULL NAMES OF ALL OCCUPANTS)

_____

Signature of Applicant

APPLICANT'S REQUESTED INSPECTION TIME:

_____ _____

DAY DATE TIME Company Name(if applicable)

All applicants or their representatives shall be present at the inspection.

_____

Contact person's name and telephone number. Company Address / Phone #

INSPECTOR

1. Date of Inspection_____ Inspector's Name_____

2. Kind of Dwelling, Building or Establishment_____

(Example: Single family dwelling, apartment, retail store, etc.)

3. Does the structure conform to Codes? Yes___No____ 4.Building Permit required? Yes_____No_____

5. Improvements necessary to comply.(List them)

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TEMPORARY CERTIFICATION:The work necessary to comply with the codes must be done within 30 days of the above inspection.The applicant must notify the Code Enforcement Office upon completion and arrange for a final inspection.

Certified for temporary occupancy.

By _____Date _____

Inspector's Signature

FINAL CERTIFICATION:The property is certified for Occupancy and Compliance.

By _____Date _____

Inspector's Signature