

MUNICIPALITY of PENN HILLS

SAMPLE ONLY

12245 FRANKSTOWN RD., PENN HILLS PA 15235 (412) 798-2132

CODE ENFORCEMENT DEPARTMENT

CERTIFICATE OF USE, OCCUPANCY AND COMPLIANCE

Note: Please Print or Type This Application

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

Location of Structure _____ Apartment No. _____

A Current Owner _____ Telephone No. _____

P Current Owner's Address _____

P CHANGE OF OWNER _____ New Owner _____

L CHANGE OF OCCUPANT _____ New Owner's Address _____

I OTHER _____ New Occupant(s) _____

C (INCLUDE FULL NAMES OF ALL OCCUPANTS)

A APPLICANT'S REQUESTED INSPECTION TIME:

Signature of Applicant

N 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 #

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)

I _____
N _____
S _____
P _____
E _____
C _____
T _____
O _____
R _____

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