

**Submittal requirements for:
CHANGE OF USE AND OCCUPANCY**

- Checklist from the Municipality
- Completed application.
- 2 copies of site plan (must contain setback dimensions in four directions)
- 2 copies of floor plan
- Present Certificate of Use & Occupancy from the Municipality or Labor & Industry
- Statement of present use and intended use for each space or compartment.
- Inspection fee of \$259.

- Driving directions

➤ After submitting all required documents your application will be reviewed.

COMMONWEALTH CODE INSPECTION SERVICE, INC.

APPLICATION FOR CERTIFICATE OF USE AND OCCUPANCY

- SUBMITTALS** Scaled floor plan indicating dimensions and area designations.
 Scaled site plan indicating buildings and property lines.

Location (Exact Street Address)		Business Name	
Proposed Use		Current Use (or previous use if vacant)	
Municipality		If Day Care, How many children	
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 Building Code Department to schedule all necessary inspections. Office Hours are Monday through Friday 8 am to 4 pm. (814) 624-0224 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 Department approval required			
<input type="checkbox"/> Property has a boiler <input type="checkbox"/> Property has an elevator <input type="checkbox"/> Property has a sprinkler system			
Use and Occupancy Type (Ch.3):	Type of Construction (Ch.6)	Design Occupant Load:	
Checked by Building Code Official:	<input type="checkbox"/> Fee Paid:		
Certificate #	Date issued:	Cancelled or rejected:	

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