



Chambersburg Office: 405 Wayne Ave. Chambersburg, PA 17201 Phone: 717 496-4996
 Bedford Office: 125 S. Richard Street, Suite 102, Bedford, PA 15522 Phone: 814 310-2326
 Somerset Office: 318 Georgian Place, Somerset, PA 15501 Phone: 814 444-6112
 Email: pmca@pacodealliance.com Website: <http://pacodealliance.com/>

▶ APPLICATION FOR CERTIFICATE OF USE AND OCCUPANCY ◀

 Municipality County Tax Parcel I.D. Permit #

 Location of Property specific to this request: (Complete Street City Zip)

 Proposed Use Proposed Business Name

 Current Use (or previous use if vacant) Yes or No
 Is space Vacant (circle one) If "yes" how long has it been vacant

 Explain in detail what portion of Structure will be occupied: i.e. how much space, what floor(s), etc.

NAME AND CONTACT INFORMATION OF THE APPLICANT:

 Print Full Name Phone (Cell and/or Land line) Email Address

 Complete Mailing Address: Street/P.O. Box City State Zip

NAME AND CONTACT INFORMATION OF THE OWNER OF THE PROPERTY:

 Print Full Name Phone (Cell and/or Land line) Email Address

 Complete Mailing Address: Street/P.O. Box City State Zip

NAME AND CONTACT INFORMATION OF THE BUSINESS MAKING THE REQUEST IF OTHER THAN ABOVE:

 Print Full Name Phone (Cell and/or Land line) Email Address

 Complete Mailing Address: Street/P.O. Box City State Zip

I certify that I am the owner of record, or that I have been authorized by the owner of record to submit this application and that the occupancy described has been authorized by the owner of record. I agree to conform to all applicable local, state, and federal laws governing the execution of this project. I certify that the Code official or his representative shall have the authority to enter the areas in which this work is being performed, at any reasonable hour, to enforce the provisions of the Codes governing this project. I further certify that this information is true and correct to the best of my knowledge or information and belief. I understand that false statements herein are made subject to the penalties of 18 Pa.C.S. § 4904, relating to unsworn falsification to authorities. The undersigned understands that completion of this form does not allow occupancy of the premises.

APPLICANT SIGNATURE: _____ DATE: ____/____/____

PRINT NAME (legibly): _____

Minimum requirements for:
Change of Occupancy or request for Certificate of Occupancy

Existing Certificate of Occupancy must be submitted with the application, (If no Certificate is provided the structure will be considered "Uncertified" and all requirements for "Uncertified Buildings" must be met.)

If an existing Certificate of Occupancy is provided the following additional information is required:

Detailed floor plan with all the following:

1. Dimension of entire structure, number of floors, use of each floor, and all interior rooms on all floors.
2. Proposed or existing use for all areas. (Clear description of the existing or proposed use is necessary)
3. Location of all exists and door swing.
4. Location of restroom(s)
5. Emergency lights with remote heads at the exterior of all designated exits, exits signs and tactile exit signs for all designated exits.
6. Location of fire extinguishers.

All proposed areas to be used must be fully accessible and all applicable accessible features listed below must be depicted on the plans.

Accessibility. Existing buildings or portions thereof that undergo a change of group or occupancy classification shall have all of the following accessible features:

1. At least one accessible building entrance.
2. At least one accessible route from an accessible building entrance to primary function areas.
3. Signage complying with Section 1110 & E-107 of the International Building Code (IBC).
4. Accessible parking where parking is provided.
5. At least on accessible passenger loading zone, where loading zones are provided.
6. At least on accessible route connecting accessible parking and accessible passenger loading zones to an accessible entrance.