

# ***Borough of East Pittsburgh***

## **Commercial Occupancy Permit Application**

Date: \_\_\_\_\_

Permit No. \_\_\_\_\_

I/we hereby make application for a Certificate of Occupancy to be issued in accordance with the Ordinances of the Borough of East Pittsburgh.

Name of Company: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Social Security or Federal ID of Applicant: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Numbers – Home: \_\_\_\_\_ Cellular: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Emergency or Management Contact: \_\_\_\_\_

Contact Phone Number (Day): \_\_\_\_\_ Contact Phone Number (Evening): \_\_\_\_\_

Type of Business: \_\_\_\_\_

Hours of Operation: \_\_\_\_\_

List any chemicals/hazardous materials to be used or stored on premises: \_\_\_\_\_

Space to be occupied at: \_\_\_\_\_

Building: \_\_\_\_\_

Square Footage: \_\_\_\_\_

Approximate Number of Employees: \_\_\_\_\_

Zoning of Property: \_\_\_\_\_

Signature of Owner: \_\_\_\_\_

**Make check for \$100.00 payable to Borough of East Pittsburgh.**

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(For Office Use)

First Inspection: Building Inspector: \_\_\_\_\_ Date: \_\_\_\_\_

Fire Chief \_\_\_\_\_ Date: \_\_\_\_\_

Second Inspection: Building Inspector \_\_\_\_\_ Date: \_\_\_\_\_

Fire Chief \_\_\_\_\_ Date: \_\_\_\_\_

Application Approved: \_\_\_\_\_ Date: \_\_\_\_\_

**Return completed form and payment to: Borough of East Pittsburgh, Department of Public Safety, 811 Linden Avenue, East Pittsburgh, PA 15112**

**Telephone: 412-824-0447**

**Fax: 412-824-0507**