

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.

(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, 813 Linden Avenue, East Pittsburgh, PA 15112
Telephone: 412-823-7124