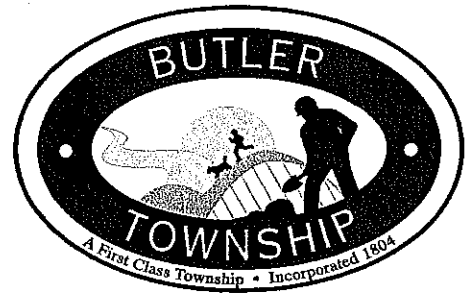


Butler Township  
290 South Duffy Road  
Butler, PA 16001  
724/287-7465  
Fax: 724/282-2142



**APPLICATION FOR CERTIFICATE OF OCCUPANCY**

1. Name of Applicant \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_
2. Name of Owner \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_
3. Name of Leasing Agent \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_
4. Proposed Occupant (Business Name), including any dba or aka \_\_\_\_\_  
\_\_\_\_\_
5. Mercantile or Business Privilege Tax# (Copy must be attached) \_\_\_\_\_
6. Address of Unit to be Occupied & Suite \_\_\_\_\_
7. Is this a sub-lease?  Yes  No  
If yes, Business Name of other occupying tenant \_\_\_\_\_
8. Classify square foot of unit. Office \_\_\_\_\_ Warehouse \_\_\_\_\_  
Retail \_\_\_\_\_ Production \_\_\_\_\_ Showroom \_\_\_\_\_ Total \_\_\_\_\_

9. Assembly Occupancies, Seating (i.e. fitness, recreational, educational, restaurants, etc.)  
(Application must include Seating Diagram/Class Schedule)

Fixed \_\_\_\_\_ Bar \_\_\_\_\_ Waiting Area \_\_\_\_\_ Other \_\_\_\_\_ Total \_\_\_\_\_

10. Business Park or Shopping Center Name \_\_\_\_\_

11. Nature of Business (circle all that apply)

Warehousing Production Distribution Sales Service Other \_\_\_\_\_

12. Kind of Goods Sold or Advertised, or Services provided \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

13. Products are sold  Retail  Wholesale  Combination

% of each if Combination \_\_\_\_\_

*Industrially zoned properties providing retail services must submit a floor plan reflecting areas open to the public.*

14. Products are sold to  General Public  Business Community  Combination

15. Method of Product Storage (circle all that apply) Shelves Racks Piles Other \_\_\_\_\_

16. Storage is located  Interior  Exterior Storage Height \_\_\_\_\_

17. List type of machinery and/or equipment that will be installed, if any \_\_\_\_\_

\_\_\_\_\_

18. List any hazardous materials to be used or store, if any. Attach MSDS sheets. \_\_\_\_\_

\_\_\_\_\_

19. List maximum amount of hazardous materials to be used and/or stored on site an any  
one time. \_\_\_\_\_

20. Maximum number of persons to be employed. Male \_\_\_\_\_ Female \_\_\_\_\_ Total \_\_\_\_\_

21. Is the building protected by a fire sprinkler system?  Yes  No #Floors \_\_\_\_\_

22. Former Occupant (if known) \_\_\_\_\_

23. Person in charge of business on-site \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

24. Person to call for information or access \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

\*\* **One hundred dollars (\$100)** is due at time of application. The fee will be waived when submitted as part of a Building Permit Application.

\*\* Obtain Mercantile License before submitting this Application. Please attach it to this Application.

\*\* If work is related to a Change of Use (i.e. office to restaurant), a letter of approval from the Butler Area Sewer Authority is required.

Applicant for this Certificate of Occupancy hereby affirms by affixing his/her signature that the information contained herein is a complete and accurate description of the business proposed to occupy the above listed unit.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date of Application

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
Affiliation

**PROPERTY OWNER AUTHORIZATION**

I, \_\_\_\_\_, do hereby authorize  
**Property Owner's Name Printed**

\_\_\_\_\_ to act on my behalf in  
**Acting Agent's Name Printed**

applying for a Building Permit for the following work:

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to be performed at \_\_\_\_\_  
**Address where construction will occur**

\_\_\_\_\_  
**Property Owner's Signature**

\_\_\_\_\_  
**Property Owner's Street Address**

\_\_\_\_\_  
**Property Owner's City, State, Zip Code**

\_\_\_\_\_  
**Date**