

**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 (\$165)** is due at time of application. The fee will be waived when submitted as part of a Building Permit Application.

\*\* **Floor Plans** must be included with the application that identifies the "Use" of the entire area of the space to be occupied identifying dimensions of each room. The plans must also show the egress routes and include any fire safety and note what the previous use was. If any improvements are planned they must also be included.

\*\* 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