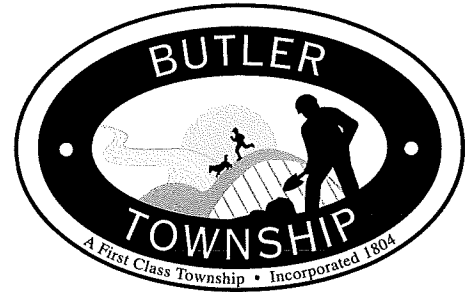


APPLICATION FOR CERTIFICATE OF OCCUPANCY

Application Guidelines:

- ** **Zoning Ordinance Section 300-60B. (2)** states that; “No change of use shall be made in any land or any building, structure or premises now or hereafter erected or altered that is not consistent with the requirements of this chapter. Any person desiring to change the use of his premises shall apply to the Zoning Officer or his authorized representative for an occupancy permit, setting forth the facts as may be required.”
- ** **Building Code:** This process is for a similar change of use that does not propose upgrades significant enough to warrant a building permit. The application is reviewed, a permit is issued, and then a safety inspection is conducted. After the safety inspection is complete the Township Zoning Office will then issue a Certificate of Occupancy for the new tenant. If upon review of the plans or upon an inspection of the premises it is determined that the change of use or the proposed improvements warrant a building permit then the applicant would be notified and would need to comply with the building code as adopted prior to occupancy which may entail submitting a completed Building Permit application and the appropriate professionally stamped plans for review.
- ** **One hundred Sixty Five dollars (\$165)** is due at time of application made payable to Butler Township. This fee includes the plan review and initial safety inspection. Additional fees may be billed if inspections are required beyond the initial safety inspection or if additional plans are required to be submitted.
- ** **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.
- ** **A Business Privilege / Mercantile License** must be obtained before submitting this application. Please attach it to this Application. The local tax collection agency responsible for assigning the number is Berkheimer and associates; their local phone number is (724) 282-0377. Or you can find more information at <http://butlertwp.org/berkheimer-tax-administration/>
- ** **Owner Authorization** is required before any permit can be issued in Butler Township. If the applicant is not the owner of the property then authorization from the owner is required. You can use the attached Owner Authorization form or provide some other form of acceptable evidence that the owner authorizes the permit to be issued.
- ** 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.

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, Services provided, and hours of operation: _____

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. Total _____
21. Is the building protected by a fire sprinkler system? Yes No #Floors _____
22. Former Occupant _____
23. Person in charge of business on-site _____
Phone _____ Fax _____ E-mail _____
24. Person to call for information or access _____
Phone _____ Fax _____ E-mail _____

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:

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