



ELIZABETH TOWNSHIP

522 ROCK RUN ROAD • ELIZABETH, PA 15037

PHONE 412-751-2880 • FAX 412-751-6002

www.elizabethtwppa.com

APPLICATION FOR CERTIFICATE OF OCCUPANCY

PROPERTY INFORMATION	
Address:	Zoning District:
Proposed Occupancy:	
Occupancy types	<input type="checkbox"/> Single Family Dwelling <input type="checkbox"/> Two Family Dwelling <input type="checkbox"/> Multi-Family Dwelling <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial
APPLICANT	
Name:	Phone:
Address:	
PROPERTY OWNER	
Property Owner:	Phone:
Address:	
BUYER / TENNANT	
Name:	Phone:
Address:	
CONTACT PERSON	
(Person having access to the structure & property)	
Name:	Phone:
Remarks:	
CERTIFICATE INFORMATION	
Certificate of Occupancy to be: <input type="checkbox"/> Mailed to applicant <input type="checkbox"/> Mailed to owner <input type="checkbox"/> Mailed to Buyer <input type="checkbox"/> Emailed to <input type="checkbox"/> Faxed to () -	
Notice: All applications / inspections become void thirty (30) days from date of application / inspection. No structure may be occupied prior to the issuance of a Certificate of Occupancy.	
SIGNATURE	
Signature of applicant: X	Date:
Fees: Residential 1 & 2 family dwellings \$75.00 Apartments \$50.00 per unit Commercial \$100.00 All additional inspections will be charged a re-inspection fee of \$35.00.	
*****TOWNSHIP USE ONLY*****	
Date received:	
Appointment for inspection:	@ A.M. / P.M. Inspection results: <input type="checkbox"/> Passed <input type="checkbox"/> Failed
Appointment for re-inspection:	@ A.M. / P.M. Inspection results: <input type="checkbox"/> Passed <input type="checkbox"/> Failed