



CIVIL ENGINEERS / LAND SURVEYORS

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BUILDING DIVISION

OCCUPANCY PERMIT APPLICATION

Location (exact street address)

Business Name

Proposed use

Current use (or previous use if vacant)

What part of building will you occupy?

Is the space now vacant?

If vacant, how long?

Yes No

Are any improvements being made to the existing building: If so specifically state below:

Applicant

Owner

Tenant

Name:

Name:

Name:

Address:

Address:

Address:

City:

City:

City:

State, Zip:

State, Zip:

State, Zip:

Email/Phone:

Email/Phone:

Email/Phone:

Design Occupant Load _____(provide square footage of space)

Mail Occupancy Permit to (check one) _____ Applicant _____ Tenant _____ Owner

Who will meet the Inspector

at property (check one)

_____ Applicant

_____ Tenant

_____ Owner

Name of Business to be on the Occupancy Permit: _____

The undersigned understands that completion of this form does not allow occupancy of the premises.

Signature of Applicant

Date

Signature of property Owner if different than Applicant

Date

❖ Any additional required inspection shall be charged an additional inspection fee.

FOR OFFICE USE ONLY

RECEIVED BY: _____

DATE: _____

AMOUNT PAID: _____

CHECK # _____