

## **United Code Consultants**

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Date: \_\_\_\_\_

## **APPLICATION FOR A CHANGE OF OCCUPANCY**

- Any change in the use of a building or a portion of a building

1. PROPERTY INFORMATION		
Municipality:		Parcel ID:
Building Address:		
2. APPLICANT		
Name:	Phone:	Email:
Address:	City:	State:Zip:
3. PROPERTY OWNER		
Name:	Phone:	Email:
Address:	City:	State:Zip:
<b>4. BUILDING DESCRIPTION</b> □ Residential	☐Commercial Single Te	nant   Commercial Multi-Tenant
Describe		
COMMERCIAL APPLICATION	ONS PROCEED TO STEP 5 / RESIDENTIA	AL APPLICATIONS SIGN AND SUBMIT
5. EXISTING COMMERCIAL BUILDINGS (A	lew occupant without chang	ge of use and certified buildings only)
use group requir  Certified Building — A building that he  Municipality. Bu	e a building permit. as an existing certificate of continuous constructed prior to a no previous occupancy center to the lack of the lack	enging into a retail space (Group M). <b>Changes in</b> occupancy granted by Labor and Industry or the April 27, 1927 are exempt from CO requirements. Partification. Must meet the requirements of IEBC
	Business	Name
	Descrip	tion
Proposed use / occupancy	Business	Name
6. BUILDING INFORMATION	Descrip	tion
<ul><li>☐ Automatic Sprinkler System</li><li>☐ Fire Alarm System</li></ul>	Type of Construction	on:
	owledge, true and correct. I further	which this application has been filed. I hereby certify that all understand that I must comply with the provisions of all laws and ania.
Applicant's Signature:		Dato