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BOROUGH OF TURTLE CREEK

125 MONROEVILLE AVENUE, TURTLE CREEK, PA. 15145

DATE _____ PERMIT# _____

APPLICATION FOR NON-RESIDENTIAL OCCUPANCY PERMIT

Please return to the above address after completion. You will be notified upon approval/disapproval of permit. Fee of \$100.00 is due upon approval of permit.

I, We hereby make application for a Certificate of Occupancy to be issued in accordance with the Ordinances of the Borough of Turtle Creek.

Name of Occupant _____ Phone# _____

Name of Owner of Property _____

Address you are planning to occupy _____

#Employees at Turtle Creek location _____

Authority of applicant, if not Owner (Agent, Attorney, Sale Agreement)

Hours and days of operation _____

Attach description of all business activities in detail. You will be permitted to do only that which is approved.

List any chemicals/hazardous material to be stored or used on premises.

Social Security or Federal ID# of Applicant _____

Other offices and/or business addresses of proposed occupant _____

Lot Size _____ Number of parking spaces on property _____

Number of vehicles owned by business (list vehicles and license numbers):

Zoning of property _____ Signature of owner of property _____

Signature of applicant _____

(FOR OFFICE USE)

Application Approved _____

Date: _____

PEI Job No: _____ O

Borough of Turtle Creek

PRE OCCUPANCY APPLICATION

Zoning:	<ul style="list-style-type: none"> What is the Zoning District. _____ Is the proposed use permitted within the Zoning District Yes _____ No _____ 																												
Application Type	<table border="0"> <tr> <td>1 Accessibility review only</td> <td>4 No Change in Occupancy Type</td> </tr> <tr> <td>2 Partial occupancy request</td> <td>5 Unapproved existing building</td> </tr> <tr> <td>3 Change of Occupancy Type</td> <td>6 Phased Approval</td> </tr> </table>	1 Accessibility review only	4 No Change in Occupancy Type	2 Partial occupancy request	5 Unapproved existing building	3 Change of Occupancy Type	6 Phased Approval																						
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Use/Occupancy classification: Check box to the left of all that apply	<table border="0"> <tr> <td><input type="checkbox"/> A-1</td> <td><input type="checkbox"/> A-2</td> <td><input type="checkbox"/> A-3</td> <td><input type="checkbox"/> A-4</td> <td><input type="checkbox"/> A-5</td> <td><input type="checkbox"/> B</td> <td><input type="checkbox"/> E</td> </tr> <tr> <td><input type="checkbox"/> F-1</td> <td><input type="checkbox"/> F-2</td> <td><input type="checkbox"/> H-1</td> <td><input type="checkbox"/> H-2</td> <td><input type="checkbox"/> H-3</td> <td><input type="checkbox"/> H-4</td> <td><input type="checkbox"/> H-5</td> </tr> <tr> <td><input type="checkbox"/> I-1</td> <td><input type="checkbox"/> I-2</td> <td><input type="checkbox"/> I-3</td> <td><input type="checkbox"/> I-4</td> <td><input type="checkbox"/> M</td> <td><input type="checkbox"/> R-1</td> <td><input type="checkbox"/> R-2</td> </tr> <tr> <td><input type="checkbox"/> R-3 Adult Care</td> <td><input type="checkbox"/> R-3</td> <td><input type="checkbox"/> R-4</td> <td><input type="checkbox"/> S-1</td> <td><input type="checkbox"/> S-2</td> <td><input type="checkbox"/> U</td> <td></td> </tr> </table> <p>No. of Floors _____ Sq/Ft per Floor _____ Total Sq/Ft _____</p>	<input type="checkbox"/> A-1	<input type="checkbox"/> A-2	<input type="checkbox"/> A-3	<input type="checkbox"/> A-4	<input type="checkbox"/> A-5	<input type="checkbox"/> B	<input type="checkbox"/> E	<input type="checkbox"/> F-1	<input type="checkbox"/> F-2	<input type="checkbox"/> H-1	<input type="checkbox"/> H-2	<input type="checkbox"/> H-3	<input type="checkbox"/> H-4	<input type="checkbox"/> H-5	<input type="checkbox"/> I-1	<input type="checkbox"/> I-2	<input type="checkbox"/> I-3	<input type="checkbox"/> I-4	<input type="checkbox"/> M	<input type="checkbox"/> R-1	<input type="checkbox"/> R-2	<input type="checkbox"/> R-3 Adult Care	<input type="checkbox"/> R-3	<input type="checkbox"/> R-4	<input type="checkbox"/> S-1	<input type="checkbox"/> S-2	<input type="checkbox"/> U	
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Site Information	Project Name _____ Address _____ Subdivision _____ Lot _____ Block _____ Construction Cost \$ _____																												
Type of work to be done (check all that apply)	<table border="0"> <tr> <td><input type="checkbox"/> General construction</td> <td><input type="checkbox"/> Plumbing (by ACHD)</td> <td><input type="checkbox"/> Sprinkler System</td> </tr> <tr> <td><input type="checkbox"/> Electrical</td> <td><input type="checkbox"/> Heating/air conditioning</td> <td><input type="checkbox"/> Commercial Cooking Hood</td> </tr> <tr> <td><input type="checkbox"/> Phased approval</td> <td><input type="checkbox"/> Fire Alarm System</td> <td><input type="checkbox"/> Low Voltage Wiring</td> </tr> </table>	<input type="checkbox"/> General construction	<input type="checkbox"/> Plumbing (by ACHD)	<input type="checkbox"/> Sprinkler System	<input type="checkbox"/> Electrical	<input type="checkbox"/> Heating/air conditioning	<input type="checkbox"/> Commercial Cooking Hood	<input type="checkbox"/> Phased approval	<input type="checkbox"/> Fire Alarm System	<input type="checkbox"/> Low Voltage Wiring																			
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Previous Use Explain Attach copy of current Certificate of Occupancy	_____ _____ _____																												
Construction Details	<input type="checkbox"/> General construction total square feet of new construction, addition, alteration, or renovation _____ <input type="checkbox"/> Electrical _____ <input type="checkbox"/> Plumbing _____ <input type="checkbox"/> Mechanical _____ <input type="checkbox"/> Square ft. of conditioned space _____ Unconditioned space _____ <input type="checkbox"/> Num. of stories grade _____ Height of building above street _____ <input type="checkbox"/> Basement _____ (y/n) Square ft. or basement _____ <input type="checkbox"/> Num. of single dwelling units _____ Multi _____ Accessible _____ <input type="checkbox"/> Are there mezzanines _____ (Y/N) <input type="checkbox"/> Fire suppression: <input type="checkbox"/> full <input type="checkbox"/> partial <input type="checkbox"/> none <input type="checkbox"/> Fire separation distances: Front _____ Rear _____ Right side _____ Left side _____																												
Description of work	_____ _____ _____																												
Billing Info.	_____ _____																												
Owner Information	Owner name _____ Address _____ Phone _____ Email _____																												
Applicant Signature	_____ Date _____																												

* You will be contacted by an inspector to schedule a site visit.

OFFICIAL USE ONLY

Pre Occupancy Inspection Fee	
<input type="checkbox"/>	
<input type="checkbox"/>	\$148.00 By _____
<input type="checkbox"/>	

If your project/occupancy requires a building permit, this fee will be deducted from the Plan Review Fees charged by Plans Examiners, Inc.
PEI Fax # 412-489-5957

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