

Borough of Dravosburg

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APPLICATION FOR CERTIFICATE OF OCCUPANCY

LOCATION: _____ ZONING DISTRICT: _____

APPLICANT: _____ PHONE #: _____

ADDRESS: _____

PROPERTY OWNER: _____ PHONE #: _____

ADDRESS: _____

BUYER/TENANT: _____ PHONE #: _____

PROPOSED OCCUPANCY: _____
(SINGLE FAMILY DWELLING – TWO FAMILY DWELLING – MULTI FAMILY DWELLING – COMMERCIAL – INDUSTRIAL)

CONTACT PERSON: _____ PHONE #: _____

EMAIL ADDRESS: _____

ALL INSPECTIONS BECOME VOID THIRTY (30) DAYS FROM THE DATE OF INSPECTION
NO STRUCTURE MAY BE OCCUPIED PRIOR TO THE ISSUANCE OF A
CERTIFICATE OF OCCUPANCY

SIGNATURE OF APPLICANT: _____ DATE: _____

----- OFFICIAL USE ONLY -----

1ST DATE: _____ DAY: _____ TIME: _____ AM / PM PASSED ___ FAILED ___

2ND DATE: _____ DAY: _____ TIME: _____ AM / PM PASSED ___ FAILED ___

Check/Cash: _____ Logged In: _____