

Borough of Macungie

CERTIFICATE OF OCCUPANCY APPLICATION

Permit No.: _____ Building: _____ Zoning District: _____
Electrical: _____
Mechanical: _____
Plumbing: _____

Property Location: _____

Record Owner: _____

Address: _____

Description: _____

Contingents _____

Applicable Construction Code: _____

Type of Construction: _____

Use & Occupancy Classification: _____ Final Inspection Date: _____

Automatic Fire Suppression System Installed: Yes No

Stipulations/Conditions/Board of Appeals Rulings: _____

Existing Use _____

Proposed Use: _____

Additional Zoning Information:

of Employees: _____ Hours of Operation: _____

of Off Street Parking Spaces Provided: 10' x 20' ea: _____

Square Footage your Business Uses: _____

Do you plan to place a sign: Yes/No (if so a separate sign permit is required)

Applicant's Name & Address: _____

Applicant's Phone Number: _____

Signature of Applicant: _____ Date: _____