



**BOROUGH OF MACUNGIE**

21 Locust Street  
Macungie, PA 18062  
610-966-2503

**CERTIFICATE OF OCCUPANCY – CHANGE OF USE APPLICATION  
COMMERCIAL BUSINESS**

Permit No.: Building: \_\_\_\_\_  
Electrical: \_\_\_\_\_  
Mechanical: \_\_\_\_\_  
Plumbing: \_\_\_\_\_

Zoning District: \_\_\_\_\_

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: \_\_\_\_\_

Signature of Record Owner: \_\_\_\_\_ Date: \_\_\_\_\_