Irwin Borough Building Department
424 Main Street
Irwin, PA 15642
(724) 864-3100 www.irwinborough.org

CERTIFICATE OF OCCUPANCY APPLICATION
EXISITING STRUCTURE

DATE _____ Tax Map# _____ Zoning District _____

Applicant Name: _____
(As appear on Certificate)
Address of Occupant: _____

_____

Contact Name & Information: _____

Phone# ( )_____ **E:mail address:** _____

☐ **Same as above information:** Property Owner: _____

Phone# _____ Address: _____

(Circle One) Lease / Rent / Owner

Date of Move-In: _____ IBC Business Type: _____
Intended Use of Space: _____
Building Type: _____ Year Constructed: _____ Sprinklered? _____
How many Floors: ____ Date Last Occupant: _____ Change of Use: _____
Total Square Feet _____ Accessibility: _____ Former Occupant: _____
(Circle One) Commercial Industrial Multi-Family

The following application for occupancy is requested by the above named for purposes of conducting business in the community. No operations or alterations of any commercial use may be granted until an official certificate of occupancy has been issued and signed by the Building Code Official. Applicant or Owner is solely responsible for any inspections or design specifications requested by the Building Code Official.

_____ _____
Signature of Applicant Date

Jurisdiction Use Only

_____ _____ _____
Date of Review Reviewed By: File # or Payment