

Borough of Glassport

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 #: \_\_\_\_\_

REMARKS: \_\_\_\_\_  
\_\_\_\_\_

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 -----

1<sup>ST</sup> DATE: \_\_\_\_\_ DAY: \_\_\_\_\_ TIME: \_\_\_\_\_ AM / PM PASSED \_\_\_ FAILED

2<sup>ND</sup> DATE: \_\_\_\_\_ DAY: \_\_\_\_\_ TIME: \_\_\_\_\_ AM / PM PASSED \_\_\_ FAILED