



City of Jeannette



DEPARTMENT OF BUILDING AND ZONING

COMMERCIAL OCCUPANCY PERMIT APPLICATION

- Please PRINT -

Building Owner Name: _____

Building Owner Address: _____

City, State, and ZIP: _____

Telephone Number: _____

Address of Occupancy: _____ Apartment: _____

Name of Occupant(s): _____

Occupant Telephone: _____ Adults _____
Children _____

By signing below, I understand that all properties located in the City of Jeannette are subject to the requirements as set forth by City of Jeannette Ordinance No's. 12-02, 15-04, 16-04, and 17-04. I understand that copies of the relevant Ordinances are available at City Hall and are also located on the city website at www.cityofjeannette.com.

Through my signature below, I am hereby on notice that all properties must be brought in to compliance within 30 days from the date of this application.

I understand that the statements herein are made subject to the penalties of 18 Pa.C.S., Section 4904.

Building Owner Signature: _____ Date: _____

Initial Inspection: _____ Follow-up Inspections: _____
(If required)

Zoning Officer: _____

Fire Marshal: _____ Max Occupancy: _____ Date: _____

Contingent upon Acceptance of Plans and Verification by Agents of the Commonwealth of Pennsylvania, Department of Labor and Industry.

CITY TREASURERS OFFICE

A \$115.00 INSPECTION AND \$35.00 ZONING FEE IS REQUIRED BEFORE INSPECTION OR PERMIT CAN BE ISSUED.

TOTAL FEE: \$150.00 PAYABLE TO THE CITY OF JEANNETTE

Certificate of Occupancy prepared by: _____ Date: _____

FOR INTERNAL USE ONLY:



Permit Number: _____

Map Number: _____

Affix Treasurer's Paid Stamp